

NATIONAL INSTITUTE OF SIDDHA

Chennai – 47

THE TAMIL NADU DR. M.G.R. MEDICAL UNIVERSITY

CHENNAI - 600 032

**A STUDY ON
VARAL MOOLAM**

(DISSERTATION SUBJECT)



For the partial fulfillment of the requirements to the Degree of

DOCTOR OF MEDICINE (SIDDHA)

BRANCH V – NOI NAADAL

SEPTEMBER – 2008

S.No	Contents	Page no
	Acknowledgement	
1.	Introduction	4
2.	Siddha Physiology	7
3.	Siddha Pathology	34
4.	Diagnostic methodology	41
5.	Aim and objectives	53
6.	Review of literature – Siddha	55
7.	Pathology for varal moolam	74
8.	Review of literature – Modern	78
9.	Materials and Methods	97
10.	Observation and Results	100
11.	Discussion	135
12.	Summary and Conclusion	140
13.	Annexure	143
14.	Bibliography	157

INTRODUCTION

INTRODUCTION

“நிலம் நீர் வளி விசும்போடைந்தும்
கலந்த மயக்க உலகம் ஆதலில்
இருதிணை ஐம்பால் இயனெறி வழா அமைத்
திரிவில் சொல்லொரு தழாஅல் வேண்டும்”

(தொல்காப்பியம் பொருள் அகராதி)

In the Poem cited above, the Poet mentions a harmonious relationship with the world about him attains the perfect knowledge, merges with the absolute. The ordinary man lacks the knowledge and sensitivity, which would permit him to maintain such harmonious relationships. To avert misfortune, one must examine the knowledge made available by our ancestors those who had greater wisdom; such ancestors are called siddhars who attained perfection and supernatural energy by yogam and gnanam. They found ways and means to prevent and cure people from disease, a system later became integral part of civilization of the people who lived in the lemurian continent of prehistoric era.

Siddha is more than a system of physical medicines, because its underlying ideas have permeated religion and ritual. An analysis of these concepts must begin with the fundamental principles of siddha, which include five basic elements of the universe, three thathus, three humours and seven thathu (components of the body).

The five elements are ether, wind, fire, water and earth. The five elements are constituents of all and such also make up the three humours and seven components. The body elements are produced by successive transformation of the refined food substances into chyme (saaram) blood (senneer), flesh (oon), fat (kozhuppu), bone (enbu), marrow (moolai) and semen (sukkilam).

Physical health is maintained when the three humours are in harmonic balance, but when they are upset they become kuttrams or troubles of the organs which predominate some diseases.

Siddha system is based on three kuttrams (humour-vali, azhal, iyam) which are the fundamental units of normal Physiological functions. They exist in a ratio 1:1/2:1/4 respectively in normal condition. Derangement of these three kuttrams causes diseases. Modern science says about the etiology of the diseases as incoherent life style. This idea is not newer one just a reiteration of our siddhar's thought.

Yugi munivar was the first siddhar who classified disease based on clinical signs and symptoms along with the humoral pathology. His classification of diseases in “**Yugi vaidhya chindhamani**” is very clear and could be compared with the classification in modern medicine of present day.

In siddha system, a disease is caused because of disequilibrium in one or more of the three humors i.e. vatha, pitha and kaba that exist in the human systems.

Piles is one of such disease which is specific to human race only due to its erect posture. In other species it is either very rare or absent. According to “sage yugi”, this disease is known to be as old as the mankind itself. And also it has been recognised as one of the most battling condition by internists like charaka, sushruta and vagbhatta. **Varal moolam** is known as internal haemorrhoids in modern medicine, is one of the types of moolam (Ano-rectal disorder) “sage agasthiyar” has said in his literature “**Agasthiyar kanmakandam**” that varal moolam is a kanma disease and it occurs at the mucocutaneous junction of the anal cannal, due to varicosity or chronic dilatation of rectal veins.

The author has selected this disease varal moolam from the text of yugi chinthamani for the clinical study of dissertation work on the basis of siddha concepts on concepts of the disease diagnosis based on poriyalarithal, pulanalarithal and vinathal (Inspection palpation and interrogation).

SIDDHA PHYSIOLOGY

SIDDHA PHYSIOLOGY

All the existing things in this world and universe around it are made up of the five basic elements, namely Aagayam (Space), Kaal (Air), Thee (Fire), Neer (Water), and Mann (Earth) which is called the Fundamental Boothams (Elements).

These elements constituting the human body and other worldly substances are explained as panchaekaranam (Mutual Intra Inclusion). Anyone of these elements cannot act independently by themselves. They can act only in co-ordination with the other four elements. The living creatures and the non-living things are made up of these five elements.

உலகம் பஞ்ச பூதம்

“நிலம் நீர்தீவளி விசும்போடைந்தும்
கலந்தமயக் கமுலகம் இது”

தேக பஞ்ச பூதம்

“தலங்காட்டி இந்தச் சடமான ஐம்பூதம்
நிலங்காட்டி நீர் காட்டி நின்றிடுந் தீ காட்டி
வலங்காட்டி வாயுவால் வளர்ந்தே இருந்தது
குலங்காட்டி வானில் குடியாய் இருந்ததே
- பதினெண் சித்தர் நாடி சாஸ்திரம்

As per the above lines the Universe and the human body are made of five elements.

According to Siddha System of medicine, thathuvam is considered as a science that explains the functions of the human body, from the cradle to the grave. The principles of thathuvams add a great deal to the scientific aspect of the siddha system of medicine.

There are about 96 kinds of thathuvams and they constitute the essential functions of the humanbeing about and are at once the cause and effect of our physical and mental well being. The thathuvams is the first and foremost of the conception, on which the theory and medicine is based.

The Physiology in the siddha system involves 96 basic factors, seven constituent elements, 14 reflexes and four body fires.

96 Basic Factors

Physiology means ‘Thathuvams’. The basic Principles which constitute the human being are called Thathuvams.

1. Bootham (Elements)	-	5
2. Pori (Sense Organs)	-	5
3. Pulan (Functions of sense organs)	-	5
4.Kanmenthiriyam	-	5
5.Kanma vidayangal	-	5
6.Anthakaranam	-	4
7.Arivu	-	1
8.Naadi	-	10
9.Vayu	-	10
10..Aasayam	-	5
11.Kosam	-	5
12.Adharam	-	6

13.Mandalam	-	3
14.Malam	-	3
15.Thodam	-	3
16.Eadanai	-	3
17.Gunam	-	3
18.Vinai	-	2
19. Raagam	-	8
20. Avathai	-	5

Panchapootham

1. Earth - Bulk, motionless, heavy and dense growth of objects.
2. Water - Giving Pleasure, coolness, soaking, viscid, soft, slimy and flowing.
3. Fire - Hot, dry, sharp, burning, colour, and light.
4. Air - Weightlessness, dryness, simple and lightedness, sensation. Melancholy, and lassitude
5. Space - Minute, mitigative, clear, sharp and the ability to percolate.

Iymporigal

1. Mei (Skin) - Predominantly air element to feel the sense of touch.
2. Vai (tongue)- Predominantly water element, to the sense the taste.
3. Kan (eye) - Predominantly fire element to see the object.
4. Mooku (nose) - Predominantly earth element, to smell the odour.
5. Sevi (ear) - Predominantly space element, to hear sound.

Iympulungal (Basic Sensory Modalities)

1. Sensation
2. Taste
3. Vision
4. Smell
5. Audition

Kanmenthiriyangal and Kanmavidayangal

- | | |
|------------------------------------|--|
| 1. Kai (Hands) | -Giving and taking are carried out with the
Operation of five elements. |
| 2. Kaal(legs) | -The walking takes place in relation with Air
elements. |
| 3. Vai (Mouth) | -The speech occurs in relation with the space
elements. |
| 4. Karuvai
(Reproductive organ) | -Sexual act occurs in relation with earth element it causing
ejaculation and ensures pleasure on account of reproduction.
(Semen or ovum voided) |
| 5. Eruvai
(Excretory organ) | - The excreta are removed in association with water element.
(Motion, urine voided). |

Anthakaranam

- | | | |
|-----------------------|---|----------|
| 1. Manam (Mind) | - | Thinks. |
| 2. Putthi (Intellect) | - | Analyses |
| 3. Siddham | - | Achieves |
| 4. Ahankaram | - | Decides |

Arivu

To analyse good and bad deeds.

Naadi

1. Idakalai : Starts from the right big toe and ends at the left nostril.
2. Pingalai : Starts from the left big toe and ends at the Right nostril.
3. Suzhumunai : Starts from the perineum and extends up to the centre of the head.
4. Siguvai : Located at the root of the tongue, it helps in swallowing the food and gulping the water.
5. Purudan : Located in right eye.
6. Kanthari : Located in left eye.
7. Aththi : Located in the right ear.
8. Alampudai : Located in the left ear.
9. Sangini : Located in the genital organs.
10. Gugu : Located in anorectal region.

Vayu-10

1. Praanan (Uyirkaal)

This controls knowledge, mind and the five sense organs, which are useful for breathing and digestion.

2. Abaanan (Keezh Nokku Kaal)

This is responsible for all downward onward movements such as passing of urine, stools, semen, and menstrual flow on ward.

3. Samaanan (Nadukkaal)

This aids in proper digestion.

4. Viyanan (Paravukaal)

This is responsible for movements of all parts of the body.

5. Uthaanan (Mel Nokku Kall)

Responsible for all upward visceral movements such as vomiting, eructation and nausea.

6. Naagan

Responsible for opening and closing of the eyes.

7. Koorman

Responsible for vision and yawning.

8. Kirukaran

Responsible for salivation, nasal secretion and appetite.

9. Devadathan

Responsible for laziness, sleeping and anxiety.

10. Thanajeyan

Produces bloating of the body after the death. It escapes on the third day after death bursting out of the cranium.

Aasayam

1. Amarvasayam (Digestive organ)

Food which is taken in stays in the stomach

2. Pagirvasayam (Absorbing place)

Intestine is the place where the food absorption takes place.

3. Salavasayam(Excretory organ)

Kidney, is the place where formation and excretion of urine takes place.

4. Malavasayam (Excretory pathway to faecal matters)

Rectum and anus, it is the place where expulsion and stasis of undigested food takes place.

5. Sukkilavasayam (Reproductive organs)

This is the place where Semen Secretion and storage takes place.

Kosam

They are five in numbers as follows.

1. Annamaya kosam (Gastro intestinal system):

Constituted by seven Physical constituents

2. Pranamaya kosam (Respiratory system):

Constituted by praanan and the motor organs.

3. Manomaya kosam (Cardio Vascular system):

Constituted by the mind and the sense organs.

4. Vignanamaya kosam (Nervous system):

Constituted by the intellect and the sense organs.

5. Anandhamaya kosam (Reproductive system):

Constituted by the Praanan and the subtle body.

Aadharam

1. Mooladharam : Situated at the base of the spinal coloum between the genital organs and anal orifice

2. Swadhittanam : Located two finger breadths above the Moolaadhaaram. It is to be found between the genital and navel region.

3. Manipooragam : Located eight finger breadths above the swadhittanam. It is encircled by 1008 nerves and is the hub of all the nerves . It is situated at the navel centre.
4. Anagadham : It is situated at the location of the heart, 10 finger breadths above the manipooragam.
5. Visuthi : It is situated ten finger breadths above the anagatham. This is located in throat.
6. Akkinai : It is situated between the two eye brows.

Mandalam-3

1. Agni Mandalam : This is located at the place where the prithivi and the appu meet.
2. Gnayiru Mandalam : Located four finger breadths above the umbilicus. It is found in heart centre .
3. Thingal Mandalam : This lies between the eyebrows from where emanate brightness like that of millions of moons and stars.

Malam-3

1. Aanavam : This act marks clarity of thought of knowing power of the soul, yielding to the egocentric consciousness like I am and mine considering everything to be his own.
2. Mayai : This serves as an obstacle by claiming ownership of the property of someone else and inviting troubles.
3. Kanmam : It goes in connection with the other two, responsible for incurring Paavam the sin and Punniyam the Virtuous deed.

Thodam

1. Vatham : It is creative force formed by vaeyu and Aakaya bootham.
2. Pitham : It is protective force formed by thee bootham.
3. Kapham : It is destructive force formed by mann and Neer bootham.

Eadanai-3 (Physical Bindings)

1. Porul Patru : Affinity to acquire wealth.
2. Pudhalvar Patru : Affinity towards siblings.
3. Ulaga Patru : Affinity to the world.

Gunam-3 (Three cosmic qualities)

1. Sathuva gunam : The Grace, control of the five senses, Wisdom, Penance, Generosity, excellence, silence and truthfulness.
2. Rasatha gunam : Enthusiasm, Wisdom, Valour, Virtue, Penance, Offering gifts, Art of learning and Listening.
3. Thamasa gunam : Immorality, Lust, Anger, Killing, Laziness, Violation of justice, Prolonged Sleep, Gluttony Falsehood, Forgetfulness and Fraudulence.

Vinai-2 (Acts)

1. Nal vinai : The good karma that promotes meritorious acts.
2. Thee vinai : The evil karma being the sin for committing sinful act.

Ragam-8 (The Eight Passions)

1. Kaamam - Desire.
2. Kurotham - Hatred

3. Lopam	-	Stingy
4. Mokam	-	Infatuation
5. Madham	-	Haughtiness
6. Maacharyam	-	Hidden enmity
7. Idumbai	-	Leadership mamia
8. Agankaram	-	High ego

Avathai-5 (Fire states of consciousness)

1. Nanavu:

This state operates between the eye-brows, the five senses and its five functional actions and the four mind cohy'onents are active in this state. One is able to experience the pleasures and pains.

2. Kanavu:

Dream state is one in which the five senses and five actions lie dormant at throat.

3. Urakkam:

This is the state in which the anthakaranas are associated with the soul but these things could not be expressed to others and its seat being thorax.

4. Perurakkam:

The soul, along with wisdom lies at the navel region. Here respiration takes place.

4. Uyirppadakkam:

All the fourteen, the senses, actions and Anthakaranas are detached from the soul. The soul is deeply rests in the Mulaathaaram without the awareness of malam (Impurity), Mantham (Sloth) Mayai (delusion) and sense of touch.

THE UYIR THATHUKKAL

The Physiological units of the Human body are Vali (Vatham), Azhal (Pitham) and Iyyam (Kapham). They are also formed by the combination of the five elements. Accordingly Vali formed by the combination of Vali (Air) and Aagayam (Space). This is the Creative force. Azhal formed by Thee (Fire). This is the Force of Preservation. Iyyam formed by Mann (Earth) and Neer (Water). This is a Destructive Force. These three humors are in the ratio 4:2:1 in equilibrium or Normal condition, they are called as the Life forces.

“பொங்கிய தைந்துக்குள் பொல்லாதது இம் மூன்றுதான்
தங்கிய வாயு சமத்தன் மகாவாதம்
பங்கிய வன்னியால் பகுந்தது பித்தமே

பகுந்த சலத்தில் பரிசிக்கும் நல்லையும்
வகுந்த இம்மூன்றால் வளர்ந்தது நோயெல்லாம்
அகுந்தது தானறிந்து அளவிட்ட யோகிகள்
மகிழ்ந்தே யிதில் நின்ற மயக்கம் அறிவாறே”

- பதினெண் சித்தர் நாடி சாஸ்திரம்.

மூவகை நாடியும் உயிர் தாதுவும்

“தாது முறையெ தனிஇடை வாதமாம்
போதுறு பின்கலை புகன்றது பித்தமாம்
மாது சுழிமுனை வழங்கிடும் ஐயமாம்
ஓது முறை பார்த்து உணர்ந்தவர் சித்தரே”

- பதினெண் சித்தர் நாடி சாஸ்திரம்

மூவகை வாயுவும் உயிர் தாதுவும்

“உணர்ந்த அபானன் உறும் அந்த வாதத்தில்
புணர்ந்த பிராணன் புகும் அந்தப் பித்தத்தில்

அணைந்த சமானன் அடங்கும் கபத்தொடு
இணைந்திவை முன்றுக்கு எடுத்தக்குறி ஒன்றே”

- பதினென் சித்தர் நாடி சாஸ்திரம்

The formation of Uyir Thathukkal

The vali naadi is formed by the combination of Abanan and Idagalai. The Azhal nadi is formed by Piranan and Pinkalai. The Iyya naadi is formed by Samanan and Suzhumunai

1. Vali (Vatham)

Vali is soft, fine and the temperate (coolness and hotness) could be felt by touch.

The sites of vatham

According to Vaithya sathakam, vali dwells in the following places:

‘நெளிந்திட்ட வாதமபானத்தைப் பற்றி
நிறந்திடையைச் சேர்ந்துந்திக் கீழே நின்று
குளிந்திட்ட மூடமதூர டெழுந்து காமக்
கோடியிடையைப் பற்றியெழுங் குணத்தைப் பாரே
குணமான வெலும்பைமேற் றொக்கை நாடி
நிணமான பொருத்திடமும் ரோமக் காலும்
நிறைவாகி மாங்கிசமெல் லாம்பரந்து”

- வைத்திய சதகம்

Umbilicus, rectum, faecal matters, abdomen, anus, bones, hip joint navel plexus, joints, hair follicle and muscles.

“அறிந்திடும் வாத மடங்கு மலத்தினில்”

- திருமூலர்

“நாமென்ற வாதத்துக் கிருப்பிடமே கேளாய்
நாபிக்குக் கீழென்று நவில லாகும;”

- யுகி முனிவர்

According to sage Thirumoolar and Yuki muni, the places of vatham are the anus and below the navel region.

Properties of vali:

“ஓழுங்குடனே தாதேழ் முச்சோங்கி இயங்க
எழுச்சிபெற எப்பணியுமாற்ற எழுந்திரிய
வேகம் புலன்களுக்கு மேவச் சுறுசுறுப்பு
வாகளிக்கும் மாந்தர்க்கு வாயு”

- சித்த மருத்துவாங்க சுருக்கம்

The following are the natural properties of vatham

1. To stimulate the respiration
2. To activate the body, mind and the intellect.
3. To execute the fourteen different types of natural reflexes.
4. To activate the seven physical constituents in functional co-ordination.
5. To strengthen the five sense organs.

In the above process vatham plays a vital role to assist the body functions.

2. Azhal (Pitham)

The nature of Azhal is atomic. It is sharp and hot. The ghee becomes watery, salt crystallizes and jaggery melts because of heat. The heat of Azhal is responsible for many actions and their reactions.

The seat of Azhal

According to vaithiya sathagam, the pingalai, urinary bladder, stomach, and heart are the places where Azhal sojourns . In addition to the above places, the umbilicus, epigastric

region, stomach, sweat, saliva, blood, essence of food, eyes and skin are also the places where Azhal dwells. Yugi muni says that the Azhal lives in urine and the places below the neck.

The character of Azhal

Azhal is responsible for the digestion, vision, maintenance, of the body temperature, hunger, thirst, taste etc .And its other functions include thinking, wisdom, providing strength and softness.

The functions of Azhal

1. Maintaining of body temperature
2. Produces reddish or yellowish colour of the body.
3. Produces heat energy on digestion of food.
4. Produces sweating.
5. Induces giddiness.
6. Produces blood and the excess blood is let out.
7. Gives Yellowish colouration to the skin, eyes, faeces and urine.
8. Produce anger, heat, burning sensation, inaction and determination.
9. Gives bitter or sour taste.

The types of Azhal

1. Aakkanal- Anala pitham or Pasaka Pitham –The fire of digestion.

It lies between the stomach and the intestine and causes digestion and dries up the moist ingested substance.

2. Vanna eri- Ranjaga Pitham-Blood Promoting fire

The fire lies in the stomach and gives red colour to the chyme and produces blood. It improves blood.

3. Aatralanki- Saathaga Pitham- The fire of energy.

It gives energy to do the work.

4. Ulloli thee- Prasaka Pitham – The fire of brightness.

It gives colour, complexion and brightness to the skin.

5. Nokku Azhal – Alosaga Pitham- The fire of vision.

It lies in the eyes and causes the facility of vision. It helps to visualize things.

3. Iyyam (Kabam):

The nature of Iyyam

Greasy, cool, dull, viscous, soft and compact are the nature of Iyyam.

Seats of Iyyam

Head, tongue, eyes, nose, throat, thorax, bone, bone marrow, joints, blood, fat, sperm and colon are the seats of Iyyam. It also lies in the stomach, spleen, the pancreas, chyle and lymph.

The natural quality of Iyyam

Stability, greasiness, facilitation of joints, the ability to withstand hunger, thirst, sorrow and distress are the qualities. It also helps to withstand sufferings.

Functions of Iyyam

Greasiness, strength, roughness, knowledge, cool, growth, heaviness of bone, restriction of joint movements, pallor, indigestion, deep sleep and to have a sweet taste in tongue are the function of Iyyam. The skin, eyes, faeces and urine are white in colour due to the influence of Iyyam.

Five types of Iyyam:

1. Ali iyyam - Avalambagam

Heart is the seat of Avalambagam. It controls all other types of Iyyam.

2. Neerpi iyyam - Kilethagam

Its location is stomach. It gives moisture and softness to the ingested food.

3. Suvai kaan iyyam - Pothagam

Its location is tongue. It is responsible for the sense of taste.

4. Niraivu iyyam - Tharpagam

It gives coolness to the vision.

5. Ondri iyyam - Santhigam

It gives lubrication to the bones particularly in the joints

THE UDAL THATHUKKAL

Udal Thathukkal are seven the basic physical constituents of the body. They are also constituted by the five Elements.

Seven Physical constituents of the body:

- 1. Saaram** This gives mental and physical perseverance.
- 2. Cheeneer** Imparts colour to the body and nourishes the body
- 3. Oon** It gives shape to the body according to the physical activity and covers the bones.
- 4. Kozhuppu** It lubricates the joints and other parts of the body to function smoothly.
- 5. Enbu** Supports the frame and responsible for the postures and movements of the body.
- 6. Moolai** It occupies the medulla of the bones and gives strength and softness to them.
- 7. Sukkiam** It is responsible for reproduction.

These are the seven basic constituents that form the physical Body. The Bones are predominantly formed by the Earth component, but other elements are also present in it. All the three humors Vali, Azhal and Iyyam are present in these seven constituents. The food ingested is converted to udal thaadus in which the food is taken in converted to saaram at the first day, and then it is converted to chenbeer in the second day, oon, kozhuppu, enbu, moolai and sukkilam respectively in the following days, so in the seventh day only the food goes to the sukkilam.

UDAL THEE (Four kinds of body fire)

There are four kinds of body fire. They are samanakkini, Vishamaakkini, Deekshakkini and Manthaakkini.

1. Samaakkini

The digestive fire is called as Samaakkini. This is constituted by samana Vayu, Anala Pitham and kilethaga kapham. If they are in normal proportion then it is called as samakkini. It is responsible for the normal digestion of the food.

2. Vishamaakkini

Due to deranged and displaced samana Vayu, it takes a longer time for digestion of normal food. It is responsible for the indigestion due to sluggish digestion.

3. Deekshakkini

The samana vayu rounds up the Azhal, which leads to increased Anala Pitham, so food is digested faster.

4. Manthakkini

The samana vayu rounds up the Iyyam, which leads to increased kilethaga kapham. Therefore, food is poorly digested and takes a very longer period leading to abdominal pain, distension, heaviness of the body etc.

THINAI

There are five thinai (The land)

- | | | |
|-------------|---|--|
| 1. Kurinchi | - | Mountain and its surroundings |
| 2. Mullai | - | Forest and its surroundings |
| 3. Marudham | - | Agricultural land and its surroundings |
| 4. Neidhal | - | The coastal area and its surroundings |
| 5. Paalai | - | Desert and its surroundings |

Features of the five regions

குறிஞ்சி

“குறிஞ்சி வரநிலத்திற்கு கொற்றமுண்டி ரத்தம்
உறிஞ்சி வருசுரமு முண்டாம் - அறிஞருரைக்அனை
கையமே தங்குதரர் தாமைவல்லை யுங்கதிக்குமட்
ஐயமே தங்கும் அறி”.

- பதார்த்த குண சிந்தாமணி

Fever causing anemia, any abnormal enlargement in the abdominal organ (vaitul aamai katti).Also leads to Iyya disease

முல்லை

“முல்லை நிலத்தயமே மூரிநிறை மேவினுமவ்
வெல்லை நிலைத்தபித்த மெங்குறுங்காண் - வல்லை யெனின்
வாதமொழி யாததனுள் மன்னு மவைவழிநோய்ப்
பேதமொழி யாதறையப் பின்பு”

- பதார்த்த குண சிந்தாமணி

This mullai land leads to the Azhal disease, vallai (Liver) disease and Vali disease

மருதம்

“மருதநிலம் நன்னீர் வளமொன்றைக் கொண்டே
பொருதனில் மாதியநோய் போக்கும் - கருதநிலத்
தாறிரதஞ் சூழ அருந்துவரென் றாற்பிணியெல்
லேறிரதஞ் சூழ்புவிக்கு மில்”.

- பதார்த்த குண சிந்தாமணி

All the Vali, Azhal and Iyyam disease will be cured in this land.

நெய்தல்

“நெய்தனில் மேலுப்பை நீங்கா துறினுமது
வெய்தனில் மேதங்கு வீடாகும் - நெய்தல்
மருங்குடலை மிக்காக்கும் வல்லுறுப்பைவீக்கும்
கருங்குடலைக் கீழிறக்குங் காண்.”

- பதார்த்த குண சிந்தாமணி

This place induces Vali disease and affects liver and intestines.

பாலை

“பாலை நிலம்போற் படரைப் பிறப்பிக்க
மேலநில மியாது விரித்தற்கு - வேலைநில
முப்பிணிக்கும் இல்லம் முறையே யவற்றகலாம்
எப்பிணிக்கு மில்லம். தெண்.”

- பதார்த்த குண சிந்தாமணி

This land produces all the three Vali, Azhal and Iyyam disease

KAALAM

Ancient Tamilians had divisions over the year into different seasons
Known as Perumpozhudhu and likewise in the day, it is known as Sirupozhudhu.

Perumpozhudhu:

The year is divided into six seasons. They are,

- | | | |
|--------------------|---|--|
| 1. Kaarkalam | - | Avani –Puratasi (Apr 16 th –Oct15th) |
| 2. Koothirkalam | - | Iyapasi –Karthigai (Oct 16 th –Dec15th) |
| 3. Munpanikalam | - | Markazhi- Thai (Dec16th –Feb15th) |
| 4. Pin panikalam | - | Masi- Panguni (Feb16th – Apr15th) |
| 5. Illavenilkalam | - | Chithirai-Vaikasi (Apr16th –June15th) |
| 6. Mudhuvenilkalam | - | Aani- Aadi (June16th- Aug15th) |

Sirupozhudhu

The day has been divided into six yamams of four hours each. They are maalai (evening), Idaiyammam (Midnight), Vaikarai (Dawn), Kaalai (Morning), Nannpakal (Noon), Erpadu (Afternoon). The each Perumpozhudhu and sirupozhudhu are associated with the three humors naturally.

Udal Vanmai

Smartness, Strength and vitality constitute udal vanmai. It is classified into three types.

1. Iyarkai vanmai - Natural or Congenital physique
2. Seyarkai vanmai - Acquired physique immunity
3. Kaala vanmai - Chronicle physique

Fourteen Natural Urges

The natural reflexes, excretion, Protective and Preventive mechanisms are called 14 vegangal.

They are,

- 1.Vatham
- 2.Thummal
- 3.Siruneer
- 4.Malam
- 5.Kottavi
- 6.Pasi
- 7.Neervetkai
- 8.Erumal
- 9.Elaippu
- 10.Thookkam
- 11.Vaanthi
- 12.Kanneer
13. Sukkilam or suronitham
14. Suvasam

The natural urges are the indications of our body functions and they should not be restrained forcibly.

1. Abanan (flatus air)

If one restrains the flatus passing, he will be inflicted with the diseases of the chest, flatulence, constipation, pricking sensation throughout the body, Vatha Gunmam (acute abdominal pain), Kudal Vatham, loss of appetite and oliguria because of diminished digestive fire.

2. Sneezing

Kiruharan vayu which lodges with in the nose is responsible for sneezing. It causes head ache, pain in the sense organs, facial paralysis and backache.

3. Urine

If one does not pass urine regularly, it will cause obstruction in the urethral passage, ulceration in the urinary tract, pain in the joints, and genitalia and distension of the lower abdomen, urinary tract with ulceration in the genitalia and purulent discharge as mentioned in the text of Theraiyar Karisal.

4. Faeces

Abana Vayu (downward air) is responsible for defecation. If it is obstructed, its increased quantum pushes the stools. It also causes head ache, pain in the thigh, constipation, discomfort and inability.

5. Yawning

If Yawning is prevented it leads to poor digestion, tiredness and wilt of face, it also leads to metabolic diseases, infections and abdominal pain.

6. Hunger and thirst

If hunger and thirst are not quenched, they lead to impairment of the functions of vital organs, and causes mental disorders, tiredness and joint pain.

Fasting leads to the destruction of all the seven physical constituents and loss of weight and infectious diseases like tuberculosis.

8. Cough and tiredness (fatigue)

If cough is controlled it leads to violent cough, bad odour in the breath and Chest pain, abdominal pain and tiredness, patient may even become unconscious.

10. Sleep

If one does not sleep well daily, he may get headache, redness of the eyes, impaired speech and hearing.

11. Vomiting

If Vomiting is prevented forcibly it leads to urticarial rashes, itching, pallor, eye diseases, pitha diseases, dyspnoea fever cough etc., and toxic manifestations due to deranged pitham.

12. Tears

Constraining of tears causes head ache, eye diseases sneezing, sinusitis, heart diseases etc. It will also cause gastric ulcer.

13. Semen

If semen is controlled, it leads to fever, oliguria, joint pain, urinary infection, spermatorrhoea, and leucorrhoea and chest pain.

14. Breathing

Constraint of proper breathing leads to dyspnoea, cough, distension of abdomen throbbing pain, colic and anorexia.

THE ASTROLOGY

Macrocosm and microcosm

Man is said to be microcosm, and the world is macrocosm; because what exist in the world is exist in man. Man is an integral part of universal Nature. The forces in the microcosm (man) are identical with the forces of the macrocosm (world). The natural forces acting in and through the various organs of the body are intimately related to the similar or corresponding forces acting in and through the organism of the world. This closely follows the siddhars doctrine

“அண்டத்தி லுள்ளதே பிண்டம்

பிண்டத்தி லுள்ளதே அண்டம்

அண்டமும் பிண்டமும் மொன்றே

அறிந்து தான் பார்க்கும் போதே”

- சட்டமுனி ஞானம்

Astral influences

All the influences that come from the sun, planets and stars act on human bodies.

Moon exercises a very bad influence over the disease in general, especially during the period of new moon. Examples are paralysis, brain affections, dropsy and stimulation of sexual passions. Mars causes women's suffering from want of blood and nervous strength. The conjugation of the moon with other planets such as Venus, mars, etc may make their influence still more injurious.

The following are the instance in which every sign of the zodiac has towards some particular parts of the body.

According to T. V. S Dictionary

- | | |
|-----------|---------------------------|
| 1. Aries | -To the neck |
| 2. Taurus | -Neck and shoulder |
| 3. Gemini | -Arms and shoulder |
| 4. Cancer | -Chest and adjacent parts |
| 5. Leo | -The heart and stomach |

6. Virgo	-The intestine, base of stomach and umbilicus
7. Libra	-Kidney
8. Scorpio	-Genitals
9. Sagittarius	-Lips
10. Capricorns	-Knees
11. Aquarius	-Legs
12. Pisces	-Feet

According to literature Thiruvalluvar periya sundara sekaram

1. Mesam	- Head
2. Risabam	- Face
3. Mithunam	-Neck
4. Kadagam	-Shoulder
5. Simmam	-Chest
6. Kanni	-Side of body
7. Thulam	-Posterior trunk stomach
8. Virutchigam	-Testis
9. Thanusu	-Thigh
10. Magaram	-Knee
11. Kumbam	-Calcaneum
12. Minam	-Foot

The different planets influence the human organ

1. According to literature Siddha Maruthuvanga Surukkam :

Like the signs of the zodiac each of the planets has jurisdiction over some parts of the body. The seven planets exercise special power over some parts of the body to cause disease or diseases according to their influences on the three humors in the system.

1. Saturn

It presides over bones teeth cartilages ear spleen bladder and brain and gives rise to fever, leprosy, tabes, paralysis, dropsy, cancer, cough, asthma, phthisis, deafness of the right ear, hernia etc.

2. Jupiter

It has jurisdiction over the blood, liver, pulmonary veins, diaphragm, muscles of the trunk and sense of touch and smell.

3. Mars

It has power over the bile, gall bladder, left ear, pudendum, kidneys, fever, jaundice, convulsions, hemorrhage, carbuncle, erysipelas, ulcer etc.

4. Venus

It presides over the pituitous blood and semen, throat, breast, abdomen, uterus, genitalia, taste, smell, pleasurable sensation, gonorrhea, bareness abscesses or even death from sexual or poison

5. Mercury

It has jurisdiction over the animal, spirit, over legs, feet, hands, fingers, tongue, nerves and ligaments and produces fevers mania, phrenitis, epilepsy, convulsion, profuse expectoration or even death by poison, witchcraft and so on.

Planets	organ influenced
1. Solar force	Heart
2. Lunar force	Brain

3. Mars	Gall bladder
4. Mercury	Kidney
5. Venus	Lungs
6. Jupiter	Liver
7. Saturn	Spleen

2. According to literature Thiruvalluvar periya sundara sekaram

1. Sooriyan	-Head
2. Santhiran	-Face
3. Sevvai	-Chest
4. Puthan	-Center of posterior trunk
5. Guru	-Stomach
6. Sukiran	-Groin genitalia
7. Sani	-Thigh
8. Raagu	-Hands
9. Kedhu	-Legs

The related rasi and the organs like wise the related kiragam and organs are more prone to disease in their corresponding organ itself. Therefore, the human body is impregnated with the vital forces to be affected by the astronomical bodies in the sky. With the augmented spiritual force a sage is able to control the above said planets. The others are activated by the force of these asteroids.

.

SIDDHA PATHOLOGY

Siddha Pathology deals with the evolution and manifestation of a disease. This Process involves a cascade of reactions initiated by the etiological factors, which cause the derangement in the equilibrium of mukkutram, which in turn alters the of udal thathus. These alterations are manifested as symptoms of those particular diseases.

DISEASE:

Disease is also known by other names via malady, sickness, distemper, suffering, and ailment, distress of mind, chronic disease and dreadful illness.

THE CHARACTERISTICS OF DISEASE:

Disease is of Two Kinds

1. Pertaining to the body and disease.
2. Pertaining to the mind according to the Variation of the three humors

Siddha Pathology deals with the evolution and manifestation of a disease. This Process involves a cascade of reactions initiated by the etiological factors, which cause the derangement in the equilibrium of mukkutram, which in turn alters the of udal thathus. These alterations are manifested as symptoms of those particular diseases.

Causes for diseases

வாதமலாது மேனிகெடாது - வளர்பித்தத்
தீதலாது சத்தியடாது - சேத்துமத்தின்
கோதமலாது விக்கலெடாது - குடந்தன்னில்
சீதமலாது சுரமும் வராது தீரமாமே

மந்தமலாது வாயுவராது - அனிலபித்தத்
தொந்தமலாது மூலம் வராது - தொடர்வாத
பந்தமலாது குன்மம் வராது - பகர்பித்த
விந்தையலாது மேகம் வராது - தீரமாமே
அசீரணம் மன்றிச் சுரம் வராது - திரிதோடக்

காரணமின்றிச் சன்னி வராது - கபமான
நீரதுவுமின்றி சோபை வராது - நெடுவாதச்
சார்பதுவுமின்றிச் சூலைவராது - தவறாதே

அபத்தியமின்றித் தோடவிகாரமு - மணுகாது
அபத்தியமின்றி ஒளடதினீனமு - மணுகாது
கபத்தியனையன்றி காசசுவாசமுங் - காணாது
விபத்தியனையன்றி வியர்வை குளிர்ச்சி - வராதே
- தேரர் சேகரப்பா

Importance of Diagnosis is stated in Sikitcha Rathna Deepam as,

“மதித்திடற் கருமை வாய்ந்த
மான் பரிகார மெல்லாந்
துதித்திட வுணர்ந்தா னேனுந்
துகளறப் பிணியின் றன்மை
பதித்திட வுண ரானாகிற்
பயனுறானா காலானே
விதித்திடு பிணித்திறத்தை
விளம்புது முதற்கண்மன்னோ”

- சிகிச்சாரத்ன தீபம்

In **Sikitcha Rathna Deepam**, the author defining, a physician must have a clear cut knoweledge about the causative factors, normal physiological changes, pathological changes, nature of its presentation and prognosis of the disease before treating the patient otherwise it will be erroneous. Diagnosis of a disease is chiefly arrived through the examination of patient by Envagai thervugal. Treatment in siddha medicine is aimed at keeping the thodams in equilibrium and maintenance of seven thathus. So, proper diet, medicine, adjuvant and a regimen of like are advised for a healthy living and to restore equilibrium of thodams (diseased condition).

QUANTITATIVE CHANGES OF UYIR THATHUKKAL

Humour	Increased	Decreased
Vatham	Wasting, blackish discoloration, affinity to hot foods, tremors, distended abdomen, constipation, weakness, insomnia, weakness in sense organs, giddiness, laziness.	Body pain, feeble voice, diminished capability of the brain, decreased intellectual quotient, syncope, increased kabha condition.
Pitham	Yellowish discoloration of conjunctiva, skin, urine and faeces, polyphagia, poly dyspepsia, burning sensation all over the body, decreased sleep.	Loss of appetite, cold, pallor, features of increased kabham.
Kabham	Loss of appetite, excessive salivation, diminished activity, heaviness, pallor, cold, decreased physical constituents, dyspnoea, flatulence, cough, excessive sleep.	Giddiness, dryness of the joints and prominence of bones. Profuse sweating in the hair follicles, palpitation of the heart.

UDAL THATHUKKAL

They are the basic principles which constitute the entire body

Udal Kattukkal	Increased features	Decreased features
1.Saram	Loss of appetite, excessive salivation, diminished activity, heaviness, pallor, cold, decreased physical constituents, dyspnoea, flatulence, cough, excessive sleep.	Dryness of skin, tiredness, loss of weight, lassitude, and irritability while hearing heavy noise.
2.Senneer	Boils in different parts of the body, splenomegaly, tumours, pricking pain, loss of appetite, haematuria, hypertension, reddish eye and skin, leprosy, jaundice.	Affinity to sour and cold food, nervous, debility, dryness, pallor.
3.Oon	Tubercular adenitis, venereal diseases, extra growth around neck, cheeks, abdomen, thigh, genitalia.	Lethargic sense organs, pain in the joints, muscle wasting in mandibular region, gluteal region, penis, thighs.
4.Kozhuppu	Identical feature of increased flesh, tiredness, dyspnoea on exertion, extra musculature in gluteal region, external genitalia, chest, abdomen thighs.	Loins pain, splenomegaly, emaciation.
5.Enbu	Excessive ossification and dentition.	Joint pain, falling of teeth, falling and splitting of hairs and nails.
6.Moolai	Heaviness of the body and eyes, swollen interphalangeal joints, oliguria, non-healing ulcers.	Osteoporosis, Blurred vision.
7.Sukkilam (or) Suronitham	Increased sexual activity, urinary calculi.	Dribbling of sukkilam/ suronitham or senner during coitus, pricking pain in the tests, inflamed and contused external genitalia.

PARUVAKALANGAL

	Kalam	Kuttram	State of Kuttram
1.	Kar Kalam (Aavani – Puratasi) (Aug 16 – Oct 15)	Vatham Pitham Kabam (--)	Vettrunilai Valarchi Thannilai Valarchi Thannilai Adaithal
2.	Koothir Kalam (Iypasi – Karthigai) (Oct 16 – Dec 15)	Vatham (--) Pitham Kabam (- -)	Thannilai Adaithal Vettrunilai Valarchi Thannilai Adaithal
3.	Munpani Kalam (Markazhi – Thai) (Dec 16 – Feb 15)	Vatham (- -) Pitham (- -) Kabam (--)	Thannilai Adaithal Thannilai Adaithal Thannilai Adaithal
4.	Pinpani Kalam (Masi – Panguni) (Feb 16 – Apr 15)	Vatham (- -) Pitham (- -) Kabam	Thannilai Adaithal Thannilai Adaithal Thannilai Valarchi
5.	Elavenir Kalam (Chithirai – Vaikasi) (Apr 16 – Jun 15)	Vatham (- -) Pitham (- -) Kabam	Vettrunilai Valarchi Thannilai Adaithal Vettrunilai Valarchi
6.	Mudhuvenir kalam (Aani – Aadi) (Jun 16 – Aug 15)	Vatham Kabam (--)	Thannilai Valarchi Thannilai Adaithal

THINAI

S.NO	Thinaigal	Land	Humours
1.	Kurinchi	Mountain and its surroundings	Kabham
2.	Mullai	Forest and its surroundings	Pitham
3.	Marutham	Farm lands and its surroundings	All three humors are in equilibrium=
4.	Neithal	Seaside and its surroundings	Vatham
5.	Palai	Desert and its surroundings	All three humors are affected.

FOOD HABITS

Food habits and daily activities of an individual play major role in causing disease. This is known by the following verses.

“உணவே மருந்து மருந்தே உணவு”

Food mainly contains six tastes, sweet, salt, sour, bitter, pungent and astringent which are made up by addition of pancha poothams.

இனிப்பு	-	மண்	+	நீர்
புளிப்பு	-	மண்	+	தீ
உப்பு	-	நீர்	+	தீ
கைப்பு	-	காற்று	+	விண்
கார்ப்பு	-	காற்று	+	தீ
துவர்ப்பு	-	மண்	+	காற்று

If abnormal proportion of food has taken, the pancha poothams of body will be altered and this results in a disease.

DIAGNOSTIC METHODOLOGY

DIAGNOSTIC METHODS OF SIDDHA SYSTEM

The diagnostic methodology in Siddha treatment is unique in which the physician examines the tongue, complexion, speech, eyes, and palpatory finding in a patient and also examines the urine and stools in a special way with special set of rules and guidelines. The diagnosis is finally confirmed by the 'Pulse Diagnosis'. This method of examination as stated above is called as the "Envagai thervugal" (Eight fold examination).

These diagnostic tools not only help in the diagnosis but also to learn the prognosis and restoration of health. Apart from the envagai thervu there other paramenters in Siddha system to diagnose the disease, they are the Manikadai nool and the Sothidam.

Envagai thervugal

The diagnostic stool of envagai thervu slightly differs from Siddhar to Siddhar.

The most common is

“நாடி ஸ்பரிசம் நாநிறம் மொழிவிழி
மலம் மூத்திரம் மருத்துவராயுதம்”

- நோய் நாடல் முதல் பாகம்

தேரையர்

“மெய்குறி நிறந்தொனி விழிநாவிருமலம் கைக்குறி”

▪ தேரையர்

As per Sage Therayar, the eight methods of diagnosis are nadi (pulse), Naa(tongue), Niram (color), Mozhi(voice), Vizhi (eyes), Malam (faeces) and Neer (urine), sparisam (touch).

பதினெண் சித்தர் நாடி சாஸ்திரம்

“பாரீர்நாடி யறிந்து உணர்ந்து பரமன் செயலும் பிணிமுறையும்
நீரேயோடு மலசலமும் நிறமுங் குணமு முகக்குறியும்
சாரே யிணங்குங்குழல் மடவீர்காலன் நேகம் வயதிளமை
தேரேயறியுமுகநாடி நெறிங்குறியுஞ் செறியுஞ் சொல்வோமே”

- பதினெண் சித்தர் நாடி சாஸ்திரம்

As per Sage Agathiyar Nadi, Malam, Salam, Niram, Gunam, Muga Kuri, Thegam, Vayathu, Elamai are the diagnostic stools.

கண்ணுசாமி பரம்பரை வைத்தியம்

“தொகுக்கலுற்ற அட்டவிதப் பரீட்சை தன்னை
துலக்கமுறும் பண்டிதரே. தெளிவதாகப்
பகுக்கரிய நாடியை நீ பிடித்துப் பாரு
பகர்கின்ற வார்தையைப்பார் நாவைப்பாரு
வகுக்கரிய தேகமதைத் தொட்டுப்பாரு
வளமான சரீரத்தின் நிறத்தைப்பாரு
சகிக்கரிய மலத்தைப்பார் சலத்தைப் பாரு
சார்ந்தவிழி தனைப்பார்த்துக் தெளிவாய்க் கானே”.

- கண்ணுசாமிப்பரம்பரை வைத்தியம்

According to literature kannu saami paramparai vaithiyam Naadi, varthai, Naa, Thegam, Thodu unarvu, Niram, Malam, Salam, Vizhi are the diagnostic stools.

அகத்தியர் வைத்திய ரத்தின சுருக்கம்

“நாடியால் முன்னோர் சொன்ன நற்குறிகுணங்களாகும்
நீடிய விழியினாலும் நின்ற நாட்குறிப்பினாலும்
வாடிய மேனியாலும் மலமொடு நீரினாலுஞ்
சூடிய வியாதி தன்னைச் சுகம் பெற வறிந்து சொல்லே”

- அகத்தியர் வைத்திய ரத்தின சுருக்கம்

According to literature Agathiyar vaithiya surukkam the diagnostic stools are Nadi, Vizhi, Kurigunam, Nalkurippu, Maeni, Malam, Neer.

பரிபூரண நாடி

“அட்டமாங்கிரிகடன்னை யறிந்து நீயுணரவேண்டில்
வட்டமாமுகங்கள்பல்லும் வாயதில்நாக்குங்காயங்
கட்டருமலங்கள் கைதனில்நாடிதானுந்
திட்டமாயறிந்துசெய்யுந் திறமுள்ளவயித்தியராமே”

- பரிபூரண நாடி

According to above literature the diagnostic stools are Mugam, Pal, Vai, Naakku, Kaayam, Irumalam and Nadi.

தன்வந்திரி பகவான்:

“திருமறை முனிவன் கூறும் வாகடச் செய்கைதன்னில்
வருபல வியாதியான வகையறி குவதே தென்னில்
ஒருவுறு நாடி யாலு மொண்முக மலநீராலும்
தெரிவிழி நாவினாலுந் தந்தலக் கணத்தி னாலும்”

- தன்வந்திரி (ப.சி.நாடி சாஸ்திரம்)

According to Literature Thanvantri vaithiyam the diagnostic stools are Nadi, Mugam, Malam, Neer, Udal, Vizhi, Naa and Pal.

பதினெண் சித்தர் நாடி சாஸ்திரம்:

“தரணியுள்ள வியாதிதன்னை யட்டாங்கத்தால்
தானறிய வேண்டுவது யேதோ வென்னில்
திரணியதோர் நாடிகண்கள் சத்தத்தோடு
தேகத்தினது பரிசம் வருணம் நாக்கு
இரணமலமுத்திரமா மிவைக ளெட்டும்
இதம்படவேதான் பார்த்து குறிப்புங் கண்டு”

- பதினெண் சித்தர் நாடி சாஸ்திரம்

According to above literature the diagnostic stools are Nadi, Kan, Sattham, Thegam, Parisam, Naa and Irumalam.

Tongue

நாப்பரீட்சை

“பலமான ருசியறியும் நாவின் கூற்றைப்
பகர்கின்றேன் வாதரோகி யின்றன் நாவு
கலமாக வெடித்து குறத்திருக்கு முட்போல்
கண்டு கொள்வாய் பித்தரோகியின்றன் நாவு
நலமுற சிவந்து பச்சென்றிருக்கும் நட்பிலா
சிலேத்துமரோகி யின்றன் நாவு
தலமதனிலுற்றமுதி யோர்கள் சொன்ன

தன்மைபடி தடித்து வெளுத்திருக்கும்பாரே”

- கண்ணுசாமி பரம்பரை வைத்தியம்

“சேத்தும மெழுந்த போதுதித்திப்பா நாவிற்றோன்றும்

நேத்தியே கசப்பு மீறிலிசைந்தது பித்தமாகும்

ஏத்திய புளிப்பு மீறிலெழுந்த துவாத மென்ன

பார்த்து நீயிதனை யெல்லாம் பாங்காகவறிந்துசெய்யே”

- அகத்தியர் வைத்திய ரத்தின சுருக்கம்

In Vali derangement, tongue will be cold, rough, furrowed and tastes pungent. In Azhal, it will be red or yellow tinged and tastes bitter. In Iyyam, it will be pale, sticky and sweet taste will be present. In presentation of thontham, tongue will be dark, with the papillae raised and dry.

Colour

தேக நிறப் பரீட்சை

“மூன்றாகும் வாதபித்த சிலேத்து மத்தால்

மிகுந்தமுறத் தொந்தித்த ரோகி தேகம்

தோன்றாத சீதய வுஷ்ணங் காலமூன்றுந்

தொகுத்தேன்யான் திரேகத்தி நிறத்தைக் கேளு

ஊன்றாத வாதவுடல் கறுத்துக் காணும்

ஊரியபித்த முடல் சிவப்புப் பசுமைகாணும்

போன்றாத வையவுடல் வெண்மை தோன்றும்

பொருந்துந்தொந்த ரோகவுடற் கிவற்றை யொக்கும்”

- கண்ணுசாமி பரம்பரை வைத்தியம்

“பனைவாத தேகநிறங் கறுத்து நிற்கும்

பைத்தியதேக நிறமஞ்சள் சிவப்பதாமே.

தாமே சிலேட்டு மதேகநிறம் வெளுப்பு தான்

தொந்தேகம் இந்நால் விதமாய்நிற்கும்”

- தன்வந்திரி (பதினெண் சித்தர் நாடி சாஸ்திரம்)

In Vali, Azhal and Iyyam vitiations, the colour of the body will be black, yellow or red and fair respectively.

Voice

பார்ப்பது தான் வாதரோகி யின்றன் வார்த்தை

“பக்குவமாய்ச் சமசத்த மாயிருக்கும்

சேர்ப்பதுதான் பித்தரோகியின்றன் வார்த்தை

சேப்பக்கேள் பெலத்துமே யுறத்திருக்கும்

ஏற்பதுதான் ஐயரோகி யின்றன் வார்த்தை

யேளிதாகச் சிறுத்திருக்குமியல்பிதாகும்

கேற்கவே யிம்முன்றுந் தொந்தமாகில்

கூசாமற் பலவிதமாய் பேசுவாரே”

- கண்ணுசாமி பரம்பரை வைத்தியம்

“மாமயிலே சத்தமது அறியவேண்டில்

வாதரோகிசம தொனியாய் வார்த்தை பேசும்

சமமுள்ள பித்தந்தான் இறைந்து கூறும்

இயம்பிடும் சிலேட்டும ரோகிக்கீனசத்தம்

நாமுரைத்தோம் தொந்த ரோகிக்குத் தானிந்த

நால்விதமாய் மொழிந்த சத்தம் நயந்து காணே”.

பதினெண் சித்தர் நாடி சாஸ்திரம்

In vitiation of vali, Azhal and Iyyam the voice will be Moderate voice, raging voice ,shrill voice and sniveling voice respectively. Assessing the Voice, the strength of the body can also be assessed.

The Eyes

விழிப் பரீட்சை

“உண்மையாய்க் கண்கள்குறிப் பதைக்கேள் வாதம்

உற்றவிழி கறுத்துநொந்து நீருங் காணும்

தண்மையிலாப் பித்தரோகியின்றன் கண்கள்

சார்பாகப் பசுமைசிவப் பேறுங் காணும்

வண்மையிலா வையரோகி விழிகள் தானும்

வளமான வெண்மைநிற மேதா னாகும்

திண்மையிலாத் தொந்தரோகி யின்றன் கண்கள்

தீட்டுவாய் பலநிறமென் றறைய லாமே”.

- கண்ணுசாமி பரம்பரை வைத்தியம்

“காணுகின்ற வாத ரோகிக்கு கண்கள்

கருநிறமாய் நொந்துமிகத் தண்ணீர்பாயும்

பூணுகின்ற பித்தரோகிகடி மஞ்சள் போலிருக்கம்

சிவப்பு நிறப்பொலிவு தோன்றும்”

- பதினெண் சித்தர் நாடி சாஸ்திரம்

In vali disease the tears are of dark colour, in azhal disease they are yellow, in Iyya disease they are whitish in colour and in thontha disease the tears are multi coloured. In vali disease the lacrimation will be increasingly present. In disturbance of all the three humors, eyes will be inflamed and red.

மலப்பரிட்சை(Faeces)

“ஒக்குமே வாதநோய் மலத்தைப் பார்க்கில்

உகந்தமலம் கறுகியே கறுத்தி ருக்கும்

மிக்கபித்த நோய்மலத்தை யுற்றுப் பார்க்கில்

மிகுந்தசிவப் புடன்பசுமை தானுந் தோற்றும்

மைக்குவளை மானேகே ளைய ரோகம்

மலமதுதான் வெண்மைநிற மாயிருக்கும்

பக்குவமா யிம்முன்றுந் தொந்திப் பாகில்

பகருமின் நிறங்கள்வகை பரிந்து காணும;”

■ கண்ணுசாமி பரம்பரை வைத்தியம்

“மேவும் வாத முடையவர் மெய்மலஞ்

சீவிதாகக் கருகிழுஞ் செம்மியே

பாவையே பித்தத் தோர்மலம் பாத்திடி

லாவியே யெழு மன்னிற மஞ்சளே”

தன்வந்திரி (பதினெண் சித்தர் நாடி சாத்திரம்)

In provoked Vali – faeces is hard, dry and black in colour. In Azhal vitiation, it is yellow. In Iyyam disturbance it is pale.

நீர்ப்பரிட்சை (Urine)

“ஓங்கிய வாதத்தோர்க்கு நீர்விழுங் குணந்தா னுரைக்கிற்
பூங்கொடி கறுத்துநொந்து சிறுத்துடன் பொருமி வீழும்
பாங்குடன் பித்தத்தோர்க்கும் பசியநீர் சிவந்து காட்டி
ஏங்கவே கறுக்கதாக எரித்துடன் கடுத்து வீழும்.
வீழுமே சிலேற்பனத்தோர் நீக்குணம் விளம்பக் கேளாய்
நாளுமே வெளுத்துறைந்து நலம்பெற வீழுங் கண்டாய்
வாள்விழி மானேதொந்த ரோகமா னிடர்க்குத் தானே
தாளுநீர் பலநிறத்தா னென்னவே சாற்றி னோமே”

- கண்ணுசாமி பரம்பரை வைத்தியம்

Neer is urine and kuri is signs and symptoms. Theraiyar, one of the authors of Siddha medicine who wrote on urine examination and stages of health. He explains the colour and consistency of the urine in different humor and disease conditions. He also describes the spreading of a single drop of oil on the surface of the urine indicating the imbalance of specific dosha and prognosis of disease. Normal urine is thin straw colour and odourless. The time of day and meals eaten will affect the colour of the urine.

Colour of urine

1. Yellow colour - similar to straw soaked water – indigestion
2. Lemon colour – good digestion
3. *Reddish yellow – heat in body*
4. *Colour similar to flame coloured – extreme heat*
5. Colour of saffron – heat in body at highest level

Nei Kuri

“அருந்து மாறிரதமு அவிரோதம் தாய்

அ.:தல் அலர்தல் அகால வுண்தவிர்ந்தழற்

குற்றள வருந்தி உறங்கி வைகறை
 ஆடிகலசத் தாவியே காதுபெய்
 தொரு முகூர்த்தமக் கலைக்கு ட்படுநீரின்
 நிறக்குறி நெய்க்குறி நிரூபித்தல் கடனே.
 அரவென நீண்டின.தே வாதம்
 ஆழிபோல் பரவின் அ.தே பித்தம்
 முத்தொத்து நிற்கின் தொழிவதன் கபமே”
 - அகத்தியர் வைத்திய ரத்தின சுருக்கம்

The oil sprading nature indicates the Vali, Azhal and Iyya disease e.g

1. Aravu (Snake Pattern of spread) indicates Vali disease
2. Mothiram (Ring Pattern of spread) indicates Azhal disease
3. Muthu (Pearl Pattern of spread) indicates Iyya disease

In Nei kuri, the spreading fastly, muthu and Sieve (salladai kan) types of spreading nature shows the Asaathiyam (incurable) state of the disease. So the prognosis can be assessed by the Nei Kuri.

தேகபரிசு பரீட்சை (TOUCH)

“நேயமுடன் வாதத்தின் தேகந்தானும்
 நேர்மையாய்க் குளிர்ந்து சில விடத்திலே தான்
 மாயமுட னுட்டணமுந் துடிதுடிப்பு
 மருவுதலாம் பித்தத்தின் தேகந் தானும்
 தோயவே வுட்ணமதா யிருக்குந் தெளிவாய்
 சேத்துமத்தின் தேகமது குளிர்ந்திருக்கும்
 பாய தொந்த தேகமது பலவாறாகும்
 பரிந்து தொட்டுத் தேகத்தைப் பார்த்துப் பேசே”
 - கண்ணுசாமி பரம்பரை வைத்தியம்

“முனைகின்ற தேகபரிசுத்தை பார்க்கில்
 முன்வாதத் தேகிக்குச் சக்ரஞ்சற்றே
 ஆனைகின்ற உட்சணமாம் பைத்திய தேகிக்

கதிகமுண்டாம் அப்பால் சீதளமாய் நிற்கும்
சுனைகின்ற லேட்டு மந்தான் சூழ்தேகிக்கு
தொந்த குணம்நால்விதமாம் நிறந்தான் கூறில்”
- தன்வந்திரி (பதினெண் சித்தர் நாடி சாஸ்திரம்)

In Vali disease some of the body areas are chill and in some areas they are hot. In Azhal disease heat can be felt. In Iyya disease chillness can be felt. In thontham disease mixed sensations will be felt.

Naadi

The ‘Pulse Diagnosis’ is very unique in Siddha Medicine, which was introduced to other Indian Systems of Medicine at a later period. The pulse is examined in the Right hand of males and the left hand for females. The pulse is recorded over the radial artery. Diagnosis and Prognosis are done by reading of the pulse.

Naadi is nothing but, the vital energy that sustains the life in our body. Naadi plays the most important role in envagai thervu and it has been considered the most important for assessing the prognosis and diagnosis of the disease. Any variation that occurs in the three humors are reflected in the naadi. These three humors organize, regularize and integrate the functions of the human body. Therefore, naadi serves as a good indicator of all illness

நாடி பார்க்கும் வகை

“இடுமென்ற நாடிகள்பார்க்கும் வகையைக் கேளு
என்னவென்றால் நடுவிரல் நீவிப்பின்னே
அடுமென்ற அடுத்தவிரல் மோதிரமாம் விரலை
அப்பனே இளத்தபின்பு சுண்டுவிரலிளத்து
உடுமென்ற தூண்டுவிர லிளத்து அப்பால்
உத்ததொரு அங்குட்ட விரலைநீ விக்கரத்தில்
படுமென்ற சீயோதி அங்குலமோ தள்ளி
பார்தடவி மூன்றுதரம் கரம்பார்க்கும் வையையே

வகை என்ன வாதமது ஒண்ணரையாம் பித்தம்
வளமையொன்று அய்யங்கால் வளமாய்நிற்கில்
பகையில்லை நாடிகளுந் தொந்த மில்லை
பண்பான சுகசொருபக் கூறுசொன்னேன;”

- அகத்தியர் கனக மணி 100

Naadi is felt by,

Vali - Tip of index finger
Azhal - Tip of middle finger
Iyyam - Tip of ring finger

நாடி மூவகையும் மாத்திரை அளவும்

“வழங்கிய வாதம் மாத்திரை ஒன்றாகில்
வழங்கிய பித்தம் தன்னில் அரைவாசி
அழங்கும் கபந்தான் அடங்கியே காலோடில்
பிழங்கிய சீவற்குப் பிசுகொன்று இல்லையே”.

- நோய் நாடல் முதல் பாகம்

The normal ‘expansible unit’ (mathirai) of pulse diagnosis is 1-grain height for Vali (Vatham), ½ grain height for Azhal (Pitham) and ¼ grain height for Iyyam (Kapham).

The conduct of the Naadi:

Compared to the gait of various animals, reptiles and birds.

நாடி நடை

“வாகிலன்னங் கோழி மயிலென நடக்கும் வாதம்
ஏகிய வாமையட்டை யிவையென நடக்கும் பித்தம்
போகிய தவளை பாம்பு போலவாம் சேத்துமந்தான;”

- நோய் நாடல் முதல் பாகம்

Vail - Gait of Swan and Peacock
Azhal - Movement of Tortoise and Leech
Iyyam - Leaping of Frog and Crawling of Serpent.

மணிக்கடை நூல்

“கமலக்கைமணிக்கையில் கயறு சூத்திரம்

விமலனே நோக்கியே வேடமாமுனி

திமிலாம் பிணியது சேரச் செப்பியே

அமலனாமுனிக்கு முன்னருளிச் செய்ததே”

பதினெண் சித்தர் நாடி நூல்

According to the Pathinen siddhar naadinool, Manikadainool is also used for diagnosis. This manikkadai nool is a parameter to diagnose the disease through measuring the length of the wrist by the thread and then measuring the thread with the patient's finger. By this measurement the disease can be diagnosed.

AIM AND OBJECTIVES

AIM AND OBJECTIVES

Moolam is defined as pain or irritation in the anal region with or without external growth. There are arising due to the congestion of the internal or external venous plexuses around the anal canal. There are associated with constipation, burning sensation, and bleeding through anus. According to Yugi Vaithiya Sinthamani there are twenty one types of Moola diseases .Moolam is the disease occurring in and around the anal region

“அனில பித்த தொந்தமலாது மூலம் வராது”

- தேரர் சேகரப்பா.

As per the above quotation, Moolam is caused predominantly by Vatha pitha thontham.

Moolam is extremely common lesion affect about 5% of general population and develop in the setting of persistently elevated venous pressure with in the haemorrhoidal plexuses .they suffered by changing their routine works and food habits, occupational also. They kept as a secret disease and did not mind about their illness till it could not cause any harmful effects to them

From ancient life to modern life itself the person who has suffered by Moolam hesitates and refuses to take proper treatment because of their site of occurrence. They are not come forward to cure.

Except for pregnant women, these diseases are rarely encountered in person under the age of 30. In our siddha system, age up to 33 is mentioned as Vatha kaalam and the age above 33 up to 66 is mentioned as pitha kaalam. Our ancient philosophers classified the disease perfectly. They stated the moola disease under the “*Astama rogangal*” hence I have choosed the disease from Yugi Vaithiya Sinthamani

“வாதமுடனே வலிய கல்லடைப்பு

குட்டமே மகோதரம் பகந்தரம்

மூலரோகம் கிராணி றோக

எனுமிவை அட்ட மகாரோகங்கள்”

- பொருட் தொகை நிகண்டு.

PRIMARY AIM:

The main aim of the present study is to assess the diagnostic ability of *Varal Moolam* through Envagai Thervu, Mannikadai Nool, Nilam, Kaalam and Sothidam.

Varal Moolam is a disease indicated in Yugi Vaithiya Sinthamani” -800 under the classification of Moola diseases.

The study was undertaken in 50 selected cases of both male and female in the OPD/IPD of Ayothi Doss Pandithar Hospital of the National Institute of Siddha.

This dissertation work includes literary and the diagnostic studies on the aetiology, pathogenesis (nadi nadai), and pathology (Noi Naadal) clinical features on the basis of our siddha system.

A statistical account of the patients with references to incidence, age, sex, food habits etc, was also brought out in the study

SECONDARY AIM:

1. To elicitate the causes
2. To make a precise diagnosis
3. To know about the vitiation of Muthathukkal
4. To find out the changes that occurs in the Udal Thathukkal
5. To collect literary evidence about *Varalmoolam*

REVIEW

OF

LITERATURE

SIDDHA

REVIEW OF LITERATURE

Moolam in Siddha, means the area Moolaatharam or the root. Moolaatharam has been given maximum importance in Siddha sytem as it is the energy producing centre of the body, the Kundalini. Although there are other aatharams in the body, this area is said to be the foremost energy centre. This is explained as follows,

“பாங்கான குண்டலிக்குள் மூலமொன்று
பாரப்பா கண்டத்தில் மூலமொன்று
போங்கான புருவமைய மூலமொன்று
புகழான விந்துவிலே மூலமொன்று
வாங்கான சத்தியிலே மூலமொன்று
மருவநின்ற பராபரத்தில் மூலமொன்று
தேங்காம விதையாறுங் கண்டஞானி
சேர்ந்துநின்ற மும்மூல யோகியாமே”
- சட்டை முனிஞானம்;

This verse stands as an evidence to mark the importance of moolaathaaram, among other Aathaarams namely, Swathittanam, Manipooragam Anaagatham, Vishuthi and Aagkinai. Moolaathaaram is situated in the Firezone and Vaatha area that is below the navel. The Kanmenthirium involved here is Eruvai. Vatha area is more Kinetic (due to Vayu) and having thermal energies (due to Theyu) to facilitate the normal acts of micturition, defaecation, parturition. The element involved is water.

Air and Space together constitute Vatham. Vatham in the body manifests as ten types. In this types abanan, praanan and dhevathathan are directly concerned with moolaathaaram. Abaanan is a Vayu having theyu bootham in its structure. In relation to malaasahayam it effectively expels the faeces.

Praana Vayu takes its course via moolatharam and it carries Saaram, and distributes to all the tissues of the body in addition to its main function of respiration. Dhevathathan relates the mental state of a human being. It normally resides in the rectum and is responsible for anxiety, anger, quarrelling and laziness.

Udal Koorugal Aspects:

The Udal Koorugal aspects of gastro intestinal tract and particularly that of rectum described in Siddha text are as follows. The total length of the gastro intestinal tract is thirty two cubits.

The continuous peristalsis is mentioned as “அடைவாடி நிற்குமடா குடலில் தானும்” The spindle like shape of the intestine occurring during peristalsis and the taeniae in the large intestine are known as “Arai”. These are 1008 in number. They look like kumizhl i.e. bubble and masses in a long tunnel. These structures are controlled by the six wheels and the guru naadi.

In the pelvic region the adjacent related organ is the urinary bladder which lies left whereas large intestine like to the right. In the moolaathaara area, the large intestine is to function normally in association with other systems in the region particularly related to vays vairavan and sangini. Food microbes and worms are found in the large intestine. In the lower most regions, i.e. the anal canal there is a special apparatus to open and close the canal whenever necessary. This is mentioned as “Latch”. This relates to the anal sphincters at the end of anal canal.

These things are mentioned in the verse as follows,

”கூறவே முப்பத்திரண்டு முழம் குடல்தானும்
முறையாக ஆயிரத்து எட்டு அறையுமாகும்
அறையென்றால் நுரையதுபோல் குமிழியாக
அடைவாடி நிற்குமடா குடலில் தானும்
கம்பத்தி லறையிட்டாப் போலே யந்த
கருங்குடலில் இதனளவும் ஆயிரத்தி எட்டு
ஆதாரம் ஆறுக்கும் குருநாடிக்கும்
ஆறை அறையாய் குடலணை போல் நின்று
அறையாக இடப்பக்கம் கலப்பைக்குள்ளே
வலப்பாகம் குடல்நாளம் சங்கி னோடே
வைரவனும் சங்கினியும் அங்கே நின்று
பலிக்குமடா சங்கரையும் உறவாடி கழியில்வந்து
அங்கு நிற்கும் மூலத்தில் குழல் தானென்ற
ஒளிவான அக்குழல்தா னறையும் பூட்டி
கதவில் தாப்பாளிட்டோப்போ வடைப்பட்டாப் போல்
அடவாக அதன் வழிபாய் மலம்தான் போகும்
அங்கவர்கள் துண்டு குடல் நாளத்தோடே
சோடான அக்குழலில் அறைகள் தோன்றும்
சொகுசான கிருமியிரை புழுக்களெல்லாம்

ஈக்கள் மொய்தாப் போல யந்த நரம்பில் சுற்றி
இருக்குமடா எந்திரத்தில் கருவிபாசம்
- தேரையர் நரம்பு சூத்திரம்

Moola Noigal are disease that occurs in and around the moolaathaaram. They include a wide variety of anorectal diseases. They are also called Adimulai Noi, Arippunoi and Mulai noigal.

READING BETWEEN YUGI LINES.

According to Yugivaithya sinthamani

Varal Moolam has been mentioned as,

“மிடுக்காக மலத்தையே யிருக்கிக் கொள்ளும்
மிகுவாக ரத்தமது துளியாய் வீழும்
அடுக்காகச் சடமுலர்த்தியழல் கழிக்கும்
ஆண்மைதான் மிகப்பேசிச் சண்டை கொள்ளும்
உடுக்காக வள்ளிருக்கும் முளைகள் தானும்
ஒருவருக்கும் தெரியாது ஒடுக்கி வைக்கும்
திடுக்காக நாள் தனிலே பெலம் குறையும்
செயலழிக்கும் வரண்முலச் சேதி தானே”

-யுகிவைத்திய சிந்தாமணி

மலத்தையே யிருக்கிக் கொள்ளும்	-	Constipation
ரத்தமது துளியாய் வீழும்	-	Rectal bleeding dropping in nature,
சடமுலர்த்தி	-	Dryness of the skin
அழல் கழிக்கும்	-	Faecal matter hot in nature, Increased body heat
மிகப்பேசிச் சண்டை கொள்ளும்	-	Anger
உள்ளிருக்கும் முளைகள் தானும் ஒருவருக்கும் தெரியாது ஒடுக்கி வைக்கும்	-	Internal pile masses

நாள் தனிலே பெலம் குறையும்

- General weakness and inability to
do work

Noi Varum Vazhi

Yugi munivar elaborately describes the various causes for all Moola Noigal. Although the text does not mention Causes Separately for each types, collectively within two versus it deals psychological, Karmas, intrinsic and extrinsic factors of aetiology for all Moola Noigal. With this and other Siddha texts we can say the causes of the disease as,

- Karmas and psychological causes.
- Due to inappropriate diets and acts.
- Due to maintaining wrong postures in Yogasana.

- **Karmas and psychological causes include,**

1. According to Yugi Vaidhya Chinthamani

"முனையாக முத்தோரை வைதலாலும்

மோசங்கள் பண்ணியே கற்பழித்தும்

சினைவாக நினைவிலொன்றும் வாக்கிலொன்றும்

நேர்ந்தபடி சொல்லுகின்ற நிட்டு ரர்க்கும்

புனையாக பரதேசி பந்துவானோர்

புசித்திருக்க உண்டதோர் பாதகர்க்கும்

தனையாகச் சமாதானன் தவிர்க்கின்றோர்க்கும்

சண்டாள முலம் வந்து சனிக் குந்தானே"

- யுகி வைத்திய சிந்தாமணி

- ❖ Chiding the elders
- ❖ Doing harm to others
- ❖ Indulging in Rape.
- ❖ Thinking of doing harm in the mind but saying sweet words in front
- ❖ Living a luxurious life when neighbours and relatives are in hunger.

❖ Always quarrelling with others.

As per Yugi Vaidhya Chinthamani these causes basically vitiate the piththam and latter causes derangement of Vaatham and eventually leads to Moolam.

2. According to Agasthiyar Kanmakandam

“நீங்காத மூலநோய் கன்மத்தாலே
நிலைகெட்ட அபானத்தில் நெருப்போமீறி
வாக்காலே அபானத்தின் வாசல் தன்னில்
வந்து முளை மேகத்தால் சூட்டால் காணும்
தக்கோலா லடைத்தாய் போல வாயுநின்று
தன்மையுள்ள மலமதனை வரட்டி தீய்த்தும்
பேய்க்கோலம் பண்ணுமடா மூலரோகம்
பேரான பழவினைக ளின்னங் கேளே”
- அகத்தியர் கன்ம காண்டம்

Moolam is a karma disease. Karma theory is based on the belief that one is not dissociated from the fruits of the actions in his previous births.

➤ The other intrinsic causes of inappropriate diet and acts

1. According to Agasthiyar,

“மூலமிறைச்சிதானு முதிரவே தின்கையாலும்
பாலுடனினிய கண்டில் பரந்துடன் தின்கையாலுஞ்
சாலநெய் புசிக்கையாலுந் தையலார் வேட்கையாலு
மாலகேர் விழியினாளே! ஆகிய வரட்சியாமே
வேகமாந் திரவியங்கள் மிகுகையால் வற்கையாலும்
சாகமாய் கொமட்டிக் காய்த்தாவை ருண்கையாலும்
காகிய பன்றி மாங்கிஷ்ட் கடுந்தினி துண்கையாலும்
நீதியிற்றறியா தோங்கி நிரந்தர மிருகையாலு
போதிய பகற்கண் தூங்கி யுயர்ந்திடு மூலந்தானே”
- அகத்தியர் 2000

2. According Yugi Vaithiya Chinthamani,

“தத்தையா மதிகமாங் குளிரினாலும்
தரியாத வழற்சியாற் கிரந்தி யாலும்
புத்தையாம் பொருந்தாத உஷ்ணத் தாலும்

புணர்ச்சியாய்க் கோபத்தாற் சலிப்பினாலும்
கத்தையாம் வெகுகாமம் வேண்ட லாலும்
கடினமா முப்பாலுங் காரத்தாலும்
மொத்தையாம் வெகுதனங்கள் போனதாலும்
மூலம்வந் துற்பத்தி முனையுந் தானே”
-யுகி வைத்திய சிந்தாமணி

As stated above, the Vali humour, especially abanavayu is predominantly vitiated. Constipation or loose motion occurs and finally results in moolam.

- i). Exposure to excessive heat and sunshine.
- ii). Riding over prolonged period.
- iii) Excessive heat in the body itself due to sexually transmitted diseases.
- iv). Indulging excessively in sexual act.
- v). Consuming foods with pungent, sour and salty tastes excessively.

Here Yugi munivar suggests two more psychological causes. They include.

- i). Always having an angry mood.
- ii) Anxiety and depression.

3. Adopting wrong Yogic Postures

During practice of Yogasanas maintaining prolonged sitting and straining postures predispose to Vitiate Vaatham, Piththam and moolaakkin leading to Moola Noigal.

According due to deranged varma nilai

If injury to the utchi varmam causes immediate collapse. If the trauma may be mild, patient has develops difficulty in micturition and defecation .Persistent constipation leads to moola noi. This has been mentioned as follows,

“நேறான நெற்றி நடுவதிலிருந்து
அவரவர் கையதினால் எட்டுவிரல் மேலே

அளந்துபார்த்தால் தலமுனக்கு தெரியவரும்
அத்தலத்தில் முறிந்திடிலோ குணத்தைக் கேளே
மேல்மலர்ந்து வளக்குமப்பா வயர்பொருமும்
பொருமியே சிறுநீரோடு பேதிகட்டும்
கட்டுமப்பா சன்னியோடு சீதமுண்டாம்
தப்பாது நாழிகைதான் அறுவதுக்குள்”

If saathiyam,

பேசுமே தொண்ணூறுநாள் கழிந்தவுடன் தலைகிறுக்கும்
பனிகுளிரும் வயிறதிலே பேதிகட்டும்
முக்கியமாய் மூலநோய் பதனமாகும்
- சுப்பிரமணியர் வர்ம அவத்தை நிதானம்

According to Rathna churukkam -500

“காந்தலுண்டாம் பித்தமொன்று வாதங் காலாம்
கதித்தெழுந்த நாடியடா அம்மைபோல குண்ணும்
வாந்தியுண்டாம் மந்திக்கு வயிறெரிப்பு
வளமாக சுரங்காணும் கண்ணும் காந்தும்
ஊர்ந்துவிடும் பாண்டாகு மாசனத்தில்
உற்றதோர் மூலமாம் புண்ணுமாகும்”
-இரத்தினச் சுருக்கம் - 500

Types of Moola Noigal

Moolam has been classified into various types by different authors. Some of the types are described below.

1. *Agasthiyar paripooranam* describes nine types of Moolam (Nava moolam). The types are.

1. Ul moolam
2. Pura moolam
3. Raththa moolam.
4. Seezh moolam.
5. Mulai Moolam
6. Moola paandu
7. Vali moolam
8. Azhal moolam.
9. Aiya moolam.

2. In *Vaidhya Saara Sangiragam* and *Aaviyalikkum Amutha murai Churukkam* classified the Moola noi as *Agasthiyar Paripooranam*.

3. *Therayar* describes ten types of moola Noigal.

“சீயொழு கியதுகபு ணீரொழுகியது பவி
வியொருகியந்த லோயாழு கியத்த னேயொரு கியதுதசைக்
காயொழுகிய தழு மோரொழுகிய தடர் காலொழு கியதுமுளை
யேயொழு கியதிவை மூலம்தாய் நெறி யேர்பெறு மார்பு.தே”
- தேரையர் சேகரப்பா.

10 types are,

1. Seezh Moolam.
2. Pun Moolam.
3. Thee Moolam.
4. Neer Moolam
5. Mulai Moolam
6. Sathai Moolam.
7. Kaduppu Moolam
8. Veluppu Moolam.
9. Kattru Moolam.

10. Perumulai moolam.

4. In *Anubhava Vaidhya Deva Ragasiyam*, Moolam is classified in to 6 types.

1. Vaatha Moolam
2. Piththa Moolam
3. Silethuma Moolam
4. Thontha Moolam.
5. Thrithoda Moolam
6. Raktha Moolam

5. In *Jeeva Rakshamirtham*, Moolam is classified in to 4 types. It doesn't classify in the basis of mukkutra theory rather it is classified on the basis of hereditary etc.

The four types are,

1. Sagasa Moolam.
2. Uththarasa Moolam
3. Shutka Moolam
4. Aarthira Moolam

6. *Cega Rasa Kesaram* Classified moolam in to twenty types.

20 types are,

1. Vaatha Moolam
2. Piththam Moolam
3. Kaba Moolam
4. Vaatha Piththa Moolam
5. Piththa Vatha Moolam
6. Piththa Silethuma Moolam
7. Seeda Moolam
8. Sada Moolam
9. Sileththuma Vaatha Moolam
10. UI Moolam
11. Ularthu Moolam
12. Athisara Sura Moolam

13. Thosa Thontha Moolam
14. Vaatha Raththa Moolam
15. Vaatha Kerpa Moolam
16. Piththa Vaatha thontha
17. Piththa Silethuma Moolam
18. Kanda Moolam
19. Rakththa Moolam
20. Serpa Moolam

Other Literature reviews

1. According to Thirumoolar Karukkidai Vaidhyam - 600

காயத்தில் மூலரோகம்
கண்டிடும் விதங்கள் கேளாய்
பாயொத்த பசியில்லாமல்
பட்சிக்கில் அடக்கில் வாயு
மாயத்தில் இருந்திக்கொண்டு
மலமதை அடக்கும் போதும்
ஓயத்த குண்டலிக்குள்
உட்புகும் வாயு காணே.

காணப்பா வாயு வாலும்
கனத் தந்த அபானன் தன்னை
பூணப்பா மலத்தைக் கட்டிப்
புகையெனக் கறுக்கிநாளும்

தோணப்பா முளையைப் போலச்
சுருக்குமுன் மலந்தான் வீழில்
ஆணப்பா அபானந் தன்னை
அழுந்தவே இறுக்கும் பாரே.

- திருமூலர் கருக்கிடை வைத்தியம் - 600.

It describes the pathology of Moolam. Suppression of appetite and defaecation leads to derangement of Vayu. This Vayu enters into kundalini. Here, the Vayu combines with theyu and

causes formation of moola Mulaigal, when excess Vayu exerts pressure in them, and they produce external mass on straining i.e. while defaecation.

So whatever may be the aetiological factor in *varal Moolam*, the basically affected boothams are Vayu, Theyu. This causes pathological changes in other thaththuvams such as seven thaathus, Udal thee and in malam to give rise to the symptoms of *varal moolam*.

”மூலமே யெழுந்தபோது
மூலத்தில் கனல்தான் மாளும்
மூலமே எழுந்தபோது
முளைவிந்து நாசமாகும்
மூலமே எழுந்தபோது
முழங்கவே இரைச்சலாகும்
மூலமே எழுந்த போது
முகிவில்லாக் கழிச்சல் தானே.”

- திருமூலர் கருக்கிடை வைத்தியம் - 600

Vitiated Vayu gives consistency and dark colour to the faeces. This leads to constipation. In addition to this there is increased moolaakinni, derangement of spermatogenesis, borborygmis and diarrhea. These symptoms occur before the actual disease symptoms set in.

2. According to Theraiyar Sekarappa

"கொடிய பொல்லாத மூல குணத்தை
யென் சொல்வேன் பாந்த
நிடியினி லொடுங்கு மாறே
யெவரையுங் கசங்கச் செய்து
குடிகெடுமாறு செய்யுங்
கொண்டவ ராயுட் செய்து
முடிவத னாலே யென்று
மொழிந்தனர் தழைந்த நூலோர்”

- தேரையர் சேகரப்பா

Moola Noi is an irritating cruel disorder of human being and the affected persons looks like a ‘scared serpent due to rumbling thunder’

3. According to Agasthiyar Gunavagadam

"போமடா மூலரோகந் தன்னைக் கேளு
புகழாக ஆசனத்தின் ஓரமாக

ஓமடா முளைகளைப் போல் காணுகின்ற
 உள்ளதொரு வியாதிக்கு மூல மென்பார்
 ஆமடா இதனுடைய விவரங்கேளு
 நூளமென்ற ரத்த நரம்பு அப்பா
ஏரடா பெருத்து அதை சனிச்சவ்வு தானும்
உள்ளபடி மூடிக் கொண்டிருக்கும் பாரே.
 புரடா வெளிமூலம் உருண்டு கொண்டு
 பக்குவமாய் கெட்டியா யாசனத்தின்
 கூறடா ஓரமா யிருக்கும் பாரு
 கொத்தவனே இன்னமொரு விகந்தா னுண்டு
 சீரடா நீண்ட மேடாய் ஆசனத்தில்
 சிறப்பாக வெளியில்தான் தோன்றுஞ் சொன்னேன்
 காரடா இதில் ரெண்டு விதமேயுண்டு
 கனமான ஒரு விதந்தான் சொல்லக்கேளே

சொல்லுகிறேன் மூலத்தின் காத்திரந்தான்
 சொகுசாகத் தக்கபடி சங்கடமே காட்டும்
 மல்லுகின்ற மலமிறங்கும் போது அப்பா
 மகத்தான் வேதனையே காட்டும்பாரு
 தொல்லுகில் வெளிக்குவரும் பளுவாய்க் காட்டும்
 தோகையார்க்கு மிப்படியே இருக்குஞ் சொன்னேன்
 அல்லல்செய்யு மின்னமொரு விதத்தைக்கேளு
 அப்பனே நமைச்சலுடன் குத்தலுண்டே

உண்டான வேளைதனி லின்னங்கேளு
 உத்தமேன உஷ்ணமுடன் வேதனையே செய்யும்
 நண்டான அடைப் புண்டாம் ஆசனத்தில்
 நலமான ஒருவஸ்து இருப்பதுவேபோல்
 பண்டாகத் தோன்றுமடா மாந்தருக்கு
 பாரினிமேல் மலமிறங்கும் வேளைதன்னில்
 செண்டாக முக்கலுடன் வேதனையே காட்டும்
 செயலாக இதற்கொரு உபாயங்கேளு.”

- அகத்தியர் குணவாகடம்

4 According to Thanvanthin vaithiyam first part.

குரு பிதார்த்தத்தினாலுங் கொடிய சஞ்சாரத்தினாலும்

பெருஞ்சு பதார்த்தத்தாலும் பேச்சு மூச்சடைக்கையாலும்
தருமியை நடந்து சஞ்சரித்திடுதலன்றி
இரு நரவாகனத்தில் யென்னாளுமிருக்கையாலும்
அபானனாம் வாயு மேற்கொண்ட குதினால் மூலரோகம்
அபானவால் தன்னிலண்டியடைத்திடு மதுவுமன்றி
சுபாமல முத்திரத்தில் தோஷமுண்டாகுங் கண்டால்
ஆபான வாதத்தின் செய்கை யிதுவென வறிடுவீரே

- தன்வந்திரி வைத்தியம் - முதல் பாகம்

Thanvanthiri vaithiyam lists out the causes for Moolam as the following.

Consumption of hard to digest foods, roaming restlessly, eating dry food stuffs, hardly restraining of speech and respiration, always avoiding walking and wishing to be carried by others.

The above said causes infact leads to the increase of “**Abana Vayu**” which in turn leads to the causation of Moolam.

5. According to segarappa,

மலமிறுகித் தழைமேயுஞ் சுவேதமையின்
வகைமை யெனக் குழந் கடைத்த தாமரைப் போல்
பலமிதமாயொரு வேளைய பானஞ் சுற்றிப்
பதுமமுகிழ் விரியமை திப்பிரசம் போலச்
சலசலெனப் பொசி குருத்தில்லை பொங்கத்
தள்ளாடி வசமிழியத் தளர்வுண்டாக்கி
நிலவரமற்றிட வஞ்சையுஞ்ஞு மையா
நீசத்துவ மூல குண நிலைமைதானே

- சேகரப்பா பாடல் 255

Dry and pale stools, pile mass resembling a lotus bud presenting right over the anal orifice and that mass may protrude out like the blossoming of the bud with passing of flatus, viscous discharge from the mass appears as it these honey oozing out of a lotus flower and blood trickling from the mass. In addition to the above sometimes it causes sloching of the patient with altered sensorium.

6. According to Thirumoolar Karukidai Vaithiyam

வாயுவினாலே மலசலங் கட்டிடும்
வாயுவினாலே வாங்கிடும் மேல்மூச்சு

வாயுவினாலே மலரும் இரணங்கள்
வாயுவினாலே வரும் ருத்திர ரோகமே

வளமான பித்தத்தில் மருவிகபங்கூடில்
தளமான வாயுவால் தானே வெதுப்பேறி
களமான சுண்ணத்தில் கட்டியே மூலமாம்
உளமாஞ் சுரத்தில் உறுகின்ற வாயுவே”

- திருமூலர் கருக்கிடை வைத்தியம் -600

Vayu leads to constipation, breathlessness, erupting ulcers and cardiac ailments.

In a normally conducting pitham, blending of kabam stimulates the vayu to become agitated causing ano-rectal diseases and fevers.

7. According to Theraiyar Vagadam

நேத்திரமாம் பித்தமது வருகும்போது நிலையான
தலைநோவால் சரீரம் நெறிந்து
தோத்திரமாய் மெய் வெதும்பி மூக்குவாயில்
சுகமான அபானத்திலிரத்தம் வீழும்
ஆத்திரமாய் பிறவாதம் நோய் கொள்ளும் பித்தம்
அரிதான மேகமுண்டாய் நாரியர்க்கு
வேர்த்துறக்க மானதுபோல் மெய் வெதும்பி
மேலிவான அடிவயிறு புண்போல்நோகும்.

- தேரையர் வாகடம்

High levels of pitham reflecting in the eyes its almost always associated with sickening body ache and head ache. Bleeding per rectum epistaxis, haemorrhoids, haemoptysis, vinereal discharges, nagging pain in the lower abdomen are the other features of increased pitham.

Naadi

Naadi examination or pulse reading reflects humor involved and inturn the disease also. Out of ten areas of naadi pareetchai, radial pulse reading is convenient to detect precise humor involvement.

1. *Varal moolam* results basically from derangement of vaatham and pitham.

This is best illustrated in the following verse,

“அனில பித்த தொந்தமலாது மூலம் வராது”

- தேரர் சேகரப்பா

2. According to Sathaga Naadi

”வாதமெனும் நாடியது தோன்றில்

சீதமந்தமொடு வயிறுபொருமல் திரட்சி வாய்வு

சீதமுறுங் கிராணி மகோதரம் நீரமை

திரள்வாய்வு சூலை வலிகடுப்புத் தீரை

நீதமுறுங் கிருமிகுன்மம் அண்ட வாதம்

நிலையுநீர்க் கிரிச்சரங்கள் தந்து மேகம்

பேதகமா முதரப்பிணி மூல ரோகம்

பேச வெகு பிணிகளுமே பொருளதாமே”

- சதகநாடி

3. According to Gunavagada Noin Saaram, Vatham, Pitham and Kapham are reduced from their normal status in Moola noigal. This is given in the verse as,

”முவருமே மந்தமானால் முளைத்திடு மூலமெல்லாம்”

- குணவாகட நோயின் சாரம்

4. According to Vallathai Naadi, It is said that pithaththil vaatham is the diagnostic naadi for Moola noigal.

”வண்ணமுடன் பித்தத்தில் வாதம் வந்தால்

வருமாறு பீனிசங்கள் மண்டைக்குத்து

கண்ணுமடா பவுத்திரங்க ளரையாப்புண்டாந்

தப்பாது நவமூலஞ் சாருந்தானே”

- வல்லாதி நாடி

சாத்தியம் அசாத்தியம்

சாத்தியம் :

“தானென்ற மூலத்தில் சாத்தி யந்தான்

சாதகமாய் நீர்மூலம் முளைமு லந்தான்

வானென்ற வறண்மூலம் ரத்தமூலம்

வாதமா மூலந்தான் பித்தமூலம்
வேனென்ற மேகமா மூலத் தோடு
விளைபவுத்திரி மூலமாங் கிரந்தி மூலம்
பேனென்ற புறமூலஞ் சுருக்கு மூலம்
பெருகுஞ் சவ்வு மூலம் சாத்திய மாமே.”

- யுகி வைத்திய சிந்தாமணி

நீர்மூலம், எருவாய்மூலம், **வறள்மூலம்**, குருதிமூலம், வளிமூலம், தீமூலம், மேகமூலம், பவுத்திரமூலம், கிரந்திமூலம், புறமூலம்; சுருக்குமூலம், சவ்வுமூலம் ஆகிய இவை எளிதில் தீருவன.

அசாத்தியம் :

ஆமென்ற வசாத்தியத்தைச் சொல்லக் கேளாய்
அழிவுசெண்டு மூலமாஞ் சிற்று மூலம்
தேமென்ற சீமூல மாழி மூலம்
திணிவான தமரகமா மூலத்தோடு
வேமென்ற வினைமூலஞ் சேட்ப மூலம்
மிளிகின்ற குதைமூலந் தொந்த மூலம்
ஓமென்ற ஒன்பது மசாத்தி யந்தான்
உறுதியாய் மூலத்தி னுண்மை தானே.”

- யுகி வைத்திய சிந்தாமணி

செண்டுமூலம், சிற்றுமூலம், சீமூலம், ஆழிமூலம், தமரகமூலம், வினைமூலம், சேட்பமூலம்;; குதமூலம், தொந்தமூலம் இவை தீராது.

PATHOLOGY

OF

VARAL MOOLAM

PATHOLOGICAL VIEW OF VARAL MOOLAM

The human body is made up of ninety six thathuvams. Alteration in any thathuvam results in pathological states. *Varal moolam* results basically from derangements of vatham and pitham. This is best illustrated in the verse,

“அனில பித்த தொந்தமலாது மூலம் வராது”

-தேரர் சேகரப்பா

Initially in any pathologic state the affected thathuvams are the panchapoothams. The various etiological factors of moolam annihilate the normal structure of vayu, Aahaayam and thee boothams in moolathaaram. If this state is allowed to persist then the bootham responsible to carry out the kanmavidayam, visarkam, neer gets deranged in the long run.

Since vayu and Aahayam constitute vatham and these constitutes pitham, immediately these two humors are deranged

Vatham in the body manifests as ten vayus. Among them those having connections with the anal canal is abaanan, praanan and devaththan gets deranged simultaneously with the vayukkal and naadigal having connections with the moolatharam i.e. guhu and suzhumunai along with other thathuvams produce systemic manifestations.

Piththam in the body manifests as five types among them Analapitham, Ranjagam, prasagam and saathagam are affected in varal moolam

Kabam gets deranged very last, if the patient is left untreated for days together to produce kaba disease such as sobai etc.

Decreased 96 thathuvas are as follows

Earth	-	Internal mass in the anus
Water	-	Bleeding per rectum droplet in nature
Fire	-	Increased body heat, drowsiness, sluggishness
Air	-	Dryness of the skin, tenesmus
Space	-	Laziness, increased anger

Imporigal /Iympulankal

Mei - Tenderness present in the anus region

Vai - Presence of Pulippu taste

Kanmentheriyam/Kanmavidayam

Eruvai - Internal pile masses, constipation

Anthakarnam

Manam -Anxiety

Puthi - Difficult to analyze

Ahangaram - Indecisiveness

Sitham - Reduced ability to achieve

Dhasa Naadi

Guhu -Pain in the anal region

Aasayam

Amarvasayam - Indigestion

Malavasayam - Constipation, internal mass in the anus

Kosam

Annamaya kosam - Seven physical constituents are deranged

Praanamaya kosam - Constipation

Aatharam

Moolatharam - Pain in the anal region

Gunam

Thamo gunam -Laziness, sluggishness

HUMORAL OR THIRITHOSA PATHOLOGY

Panchapoothams are manifested in the body as three vital forces

Vatham

Pitham

Kabam

VATHAM

The derangements of vayukkal are as given below

S.no	Types of vatham	Derangements
1.	Praanan	Reduced appetite
2.	Abaanan	Constipation, droplet bleeding.
3.	Viyanan	Pain in the anus
4.	Samanan	Reduced appetite
5.	Kirugaran	Reduced appetite
6	Devathathan	Laziness, Anxiety

PITHAM

In varal moolam the pithams are affected is illustrated in the table below,

S.no	Types of pitham	Derangements
1.	Anarpitham	Reduced appitite
2.	Ranjagapitham	Pallor of the tongue, eyes
3.	Prasagam	Pallor of the skin
4.	Saathagam	Difficult to sit for long time

KABAM

Initially in *varal moolam* kabam is not deranged but in untreated cases all the five types of kabam are affected. These cause pathological changes in thathus leading to sobai noi.

When thathuvams, including vatham, pitham and kabam are deranged, they affect seven udal Thathukkal Viz, saaram, seneer, Oon, Kozhuppu, Enbu, Moolai, Sukkilam or suronitham and udal thees. They affect three malams and in turn produce various symptoms according to the severity and the site of ailment.

Deranged udal thathukkal are as follows

Saaram	- Reduced appetite
Senneer	- Increased Pulippu taste, pallor of the tongue and eyes
Oon	- Internal mass in the anus
Kozhuppu	- Dryness of the skin
Enbu	-Hair falling
Moolai	- Body pain

Deranged Vegangal are as follows

Abaanan	- Constipation
Malam	- Constipation

Manikkkadai nool :

ஏழினில் முக்கால் காணில் எழுப்பிடும் கீழேமூலம்
தாழ்வது ரெண்டுகாலந் தலையாடி மகத்து நிற்கும்
தோளது வருஷமாண்டாய் தோன்றிடு கண்டமாலை
நாளது செல்லச்செல்ல நாசியில் ரத்தங் காணும்”

- சூடாமணி கயறு சூத்திரம்

-பதினெண் சித்தர்கள் நாடி சாஸ்திரம்

Though the moola noigal have the viral kadai alavu of 7 ¾ as per “*Sooda manikkayiru Soothiram*”, most of the varal moolam cases have the 8 ¾, 9 ½ and 7 ¾ viral kadai alavu .

REVIEW

OF

LITERATURE

MODERN

THE RECTUM

The rectum is the distal part of the large gut. It is placed between the sigmoid colon above and the anal canal below. The rectum in man is not straight as the name implies. In fact it is curved in an antero posterior direction and also from side to side. The three cardinal features of the large intestine, e.g.: sacculations, appendices epiploicae and taeniae are absent in the rectum.

Situation

The rectum is situated in the posterior part of the lesser pelvis, in front of the lower three pieces of the sacrum and the coccyx.

Extent

The rectum begins as a continuation of the sigmoid colon at the level of the third sacral vertebra. The rectum ends by becoming continuous with the anal canal at the ano rectal junction.

Dimension

The rectum is 12cm long. In the upper part it has the same diameter of 4cm as that of the sigmoid colon, but in the lower part it is dilated to form the rectal ampulla.

Course and direction

In its course, the rectum runs first downwards and backwards, then downwards, and finally downwards and forwards.

It shows two types of curvatures in its course,

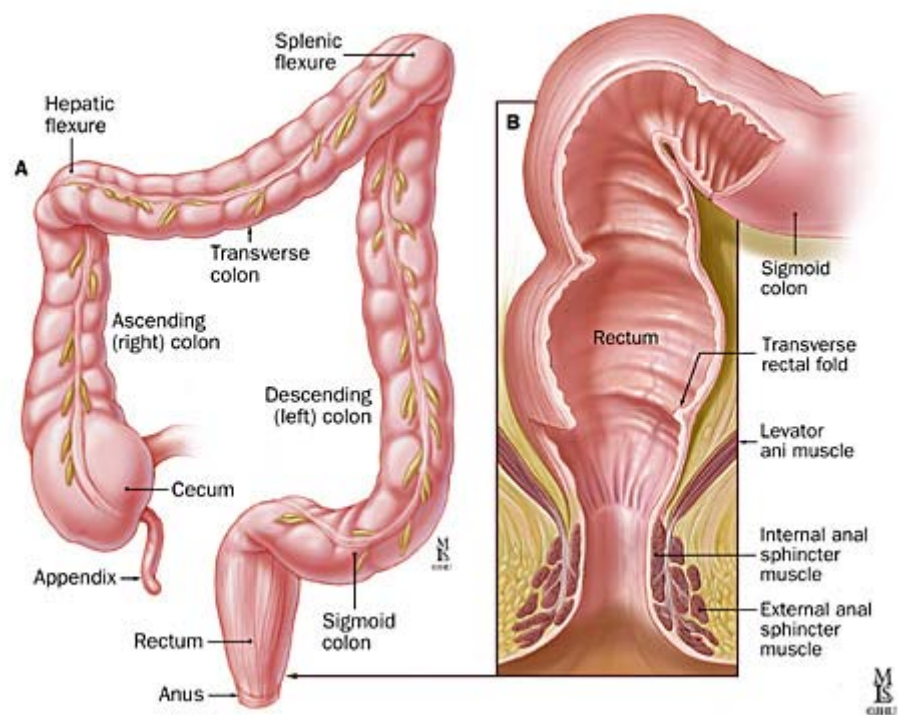
Two antero posterior curves

1. The sacral flexure of the rectum follows the concavity of the sacrum and coccyx
2. The perineal flexure of the rectum is the backward bend at the anorectal junction

Three lateral curves

1. The upper lateral curve of rectum is convex to the right
2. The middle lateral curve is convex to the left and is most prominent
3. The lower lateral curve is convex to the right

ANATOMY OF ANUS AND RECTUM



Relation of the rectum

	Male	Female
Anterior	Bladder Seminal vesicle Ureters Prostate Urethra	Pouch of Douglas Uterus Cervix Posterior vaginal wall
Lateral	Lateral ligaments Middle rectal arteries Obturator internus MuscleIscheo rectal fossae Side wall of pelvis Levator ani muscle	Lateral ligaments Middle rectal arteries Obturator internus MuscleIscheo rectal fossae Side wall of pelvis Levator ani muscle
Posterior	Sacrum and coccyx Loose areolar tissue Fascial condensation Superior rectal artery Lymphatics	Sacrum and coccyx Loose areolar tissue Fascial condensation Superior rectal artery Lymphatics

Blood supply

1. The superior rectal artery is the direct continuation of the inferior mesenteric artery and is the main arterial supply of the rectum.
- 2 .The middle rectal artery arises on each side from the internal iliac artery and provides an arterial supply to the muscle of the mid and lower rectum

3. The inferior rectal arteries are terminal branches of the internal pudendal arteries. They supply the internal and external sphincters, the anal canal below its valves, and the perianal skin

Venous drainage

The superior haemorrhoidal vein draining the upper half of the anal canal above the dentate line pass upwards to become the rectal veins these unite to form the superior rectal vein, which later becomes the inferior mesenteric vein.

Lymphatic drainage

The para rectal nodes lie within the mesorectum, a variable distance from the rectal wall. The overall direction of drainage is upwards along the branches of the superior rectal artery.

Innervation

The rectum is innervated primarily via the inferior mesenteric plexus. Both sympathetic and parasympathetic fibers form a plexus along branches of the superior rectal artery

A small contribution is also made by fibers of the middle rectal plexus along the branches of the middle rectal artery. These are derived from the inferior hypogastric plexus

THE ANAL CANAL

Definition

The anal canal is the terminal part of the large intestine.

Situation

Anal canal is situated below the level of the pelvic diaphragm. It lies in the anal triangle of perineum in between the right and left ischio rectal fossae, which allow its expansion during passage of the faeces

Length, extent and direction

The anal canal is 3.8cm long. It extends from the ano rectal junction to the anus it is directed downwards and backwards. The anal canal is surrounded by inner involuntary and outer

Voluntary sphincters which keep the lumen closed in the form of an anteroposterior slit.

The anorectal junction is marked by the forward convexity of the perineal flexure of the rectum and lies 2-3 cm in front of and slightly below the tip of the coccyx. Here the ampulla of the rectum suddenly narrows and pierces the pelvic diaphragm. In male it corresponds to the level of the apex of the prostate.

The anus is the surface opening of the anal canal, situated about 4 cm below and in front of the tip of the coccyx in between the cleft of the two buttocks. The surrounding skin is pigmented and thrown into radiating folds and contains a ring of large apocrine glands.

Relations of the anal canal

	Male	Female
Anterior	Perineal body Membranous urethra Bulb of penis	Perineal body Lower end of vagina
Posterior	Ano coccygeal ligament, Tip of the coccyx	Ano coccygeal ligament Tip of the coccyx
Lateral	Ischio rectal fossae	Ischio rectal fossae

Anal canal is surrounded by the sphincter muscles, the tone of which keeps the canal closed.

Musculature of the anal canal

1. The internal sphincter
2. The longitudinal muscle
3. The external sphincter
4. The pubo rectalis

The ano rectal ring

The ano rectal ring marks the junction between the rectum and the anal canal. It is formed by the joining of the pubo rectalis muscle, the deep external sphincter, conjoined longitudinal muscle and the highest part of the internal sphincter. The ano rectal ring can be clearly felt digitally, especially on its posterior and lateral aspects

The Dentate line

The dentate line is a most important land mark both morphologically and surgically.

It represents the site of fusion of the proctodaeum and post allantoic gut, and the position of the anal membrane, remnants of which may frequently be seen as anal papillae situated on the free margin of the anal valves

Arterial supply

1. The part of the anal canal above the pectinate line is supplied by the superior rectal artery.
2. The part below the pectinate line is supplied by the inferior rectal artery.

Venous drainage

- ❖ The superior and middle haemorrhoidal veins drain via the inferior mesenteric vein into the portal system, having become the superior rectal vein
- ❖ The superior haemorrhoidal vein drains the upper half of the anal canal
- ❖ The inferior haemorrhoidal veins drain the lower half of the anal canal and the subcutaneous perineal plexus of veins, they eventually join the external iliac vein on each side.

Lymphatic drainage

- ❖ Lymph from the upper half of the anal canal flows upwards to drain into the post rectal lymph nodes and from there goes to the para aortic nodes via the inferior mesenteric vein

- ❖ Lymph from the lower half of the anal canal drains on each side first in to the superficial and then into the deep inguinal group of lymph glands.

Gastro intestinal autonomic reflexes

The upper most part of the GIT and the rectum are controlled principally by autonomic reflexes. For instance, the smell of appetizing food or the presence of food in the mouth initiates signals from the nose and mouth to the vagal, glossopharyngeal and salivatory nuclei of the brain stem. These in turn transmit signals through the parasympathetic nerves to the salivary glands of the mouth and stomach, causing secretion of digestive juices sometimes even before food enters the mouth

When fecal matter fills the rectum at the lower end of alimentary canal, sensory impulses initiated by stretching the rectum are sent to the sacral portion of the spinal cord, and a reflex signal is transmitted back through the sacral parasympathetic to the distal parts of the colon; these result in strong peristaltic contractions that cause defaecation.

A VIEW ON HAEMORRHOIDS

Haemorrhoids: (Greek: Haima = Blood, rhoos - flowing ;

Synonyms: piles is a latin word, pila – a ball)

Hemorrhoids are varicosities or swelling and inflammation of veins in the rectum and anal Cannal. such haemorrhoids may be external or internal to the anal orifice. The external variety is covered by skin, while the internal .Variety lies beneath the anal mucous membrane. When the two are associated, internal they are known as interno external haemorrhoids.

Internal Haemorrhoids:

The term internal hemorrhoids are varices of the tributaries of the superior haemorroidal veins which drain into the inferior mesenteric vein.

Incidence:

Internal hemorrhoids are a very common complaint though they are not often seen before the third decade of life.

Classification:

First degree-	The haemorrhoids do not prolapse. Bleeding only present
Second degree-	Prolapse occurs, but reduces spontaneously
Third degree-	Prolapse occurs which needs pushing back
Fourth degree-	Prolapse is irreducible.

This traditional classification is useful because treatment is based on symptoms rather than appearances. It is misleading, however, because prolapse often preceeded by bleeding by many years and some patients have acute painful proplase lasting for days.

AETIOLOGY

1.Hereditary:

This condition is so frequently seen in members of the same family that there must be a predisposing factor as a congenital weakness of walls of the vein or an abnormally large arterial supply to the haemorrhoidal plexus.

2.Morphological

In Quadrupeds gravity aids, or at any rate does not retard return of venous blood from the rectum consequently venous valves are not required. In man the weight of the column of blood unassisted by valves produces a high venous pressure in the lower rectum, unparalleled in the body. Except in a few fat, old dogs, haemorrhoids are exceedingly rare in animals.

3. Anatomical

a. The collecting radicals of the superior haemorrhoidal vein lie unsupported in the very loose submucous connective tissue of the rectum.

b. These veins pass through muscular tissue and are liable to be constricted by its contraction during defaecation.

c. The superior haemorrhoidal veins being tributaries of the portal vein have no valves.

4. Chronic constipation

This causes straining while passing stools which in turn causes pressure effect in the rectum. Therefore the veins are obstructed.

5. Frequent purgation

Frequent occurrences of dysentery and diarrhoea all cause congestion of the rectal veins and favour the development of piles.

6. Straining at micturition

May occur in enlarged prostate or stricture urethra.

7. Presence of tumours

Eg. Gravid uterus, uterine fibroids, ovarian cysts.

8. Loss of sphincter tone

This may occur with advancing age.

9. Occupational

Heavy manual labours like porters, sudden spurt of exercises in those who are not used to it, Prolonged standing as in train drivers, traffic policemen, bus conductors, tea masters etc.

10. Habitual overeating

This leads to obesity and portal congestion which in turn favours the genesis of piles.

11.High blood pressure

Here the rectal bleeding may act as a safety valve, producing the haemorrhoid picture.

Pathology

Internal haemorrhoids or piles are vascular lesions that occur in the lower rectum or upper part of the anal canal. It arises from the cushions of highly vascular tissue present in the lower rectum or anus

The cushions are part of the inferior haemorrhoid plexus, but have a rich arterial supply and in some ways resemble erectile tissue.

There are 3 primary and 4 secondary haemorrhoids. This number and their position is determined by the anatomy of the superior haemorrhoidal vein which divides into right and left branch the right branch subdividing into anterior and posterior branches Around these the three primary haemorrhoids are developed at 3,7 and 11'0 clock position. Looking at the anus from below with 12'o clock anterior these are known as the left lateral, the right posterior and the right anterior haemorrhoid.

Secondary haemorrhoids may appear one on either side of the lefts lateral and right posterior primary veins.

Each primary haemorrhoid can be divided into 3 parts.

The pedicle is situated in the rectum. just above ano-rectal ring As seen through a proctoscope it is covered with pale pink mucosa through which large tributaries of the superior haemorrhoidal vein can be seen. Occasionally a pulsating artery can be felt in this situation.

The internal haemorrhoid commences at the ano-rectal ring and ends at the pectinate line. It is bright red or purple and covered by mucous membrane.

An external haemorrhoid lies between the pectinate line and the anal margin it is covered by skin through which blue veins can be seen, unless fibrosis has occurred.

Entering the pedicle of each internal haemorrhoid is a terminal branch of the superior haemorrhoidal artery very occasionally there is a haemangiomas condition of the artery which is called as an “ **arterial pile.**” Internal haemorrhoids form soft masses that bulge into the rectum and occasionally prolapse through anus. microscopically, they consist of a mesh of large veins usually with thick muscular walls. if a haemorrhoid prolapses, squamous metaplasia some times replaces the rectal mucosa that usually covers and internal haemorrhoid.

Clinical Features

Bleeding, is the principal and earliest symptom. At first the bleeding is slight, it is bright red and occurs during defaecation and it may continue for months or years. Hemorrhoids that bleed at stool but do not prolapse are called **FIRST DEGREE HAEMORRHOIDS**. In the beginning the protrusion is slight and reduction is spontaneous. Haemorrhoids that prolapse only on defaecation are known as second degree haemorrhoids.

Still later prolapse occur during the day apart from defaecation, but have to be replaced manually by the patient are called third degree haemorrhoids. By now the haemorrhoids have become a source of great discomfort and a cause of feeling of heaviness in the rectum.

Finally, in some cases, the haemorrhoids become permanently prolapsed and can not be manually reduced are called fourth degree haemorrhoids.

Discharge

A mucoid discharge is a frequent accompaniment of prolapsed haemorrhoids. pain is absent unless complications supervene.

Varicose veins of the legs and hemorrhoids often occurs concurrently. Secondary symptoms such as pruritis ani, moisture of the perianal region, anaemia, tenesmus and burning sensation are frequently present.

EXAMINATION

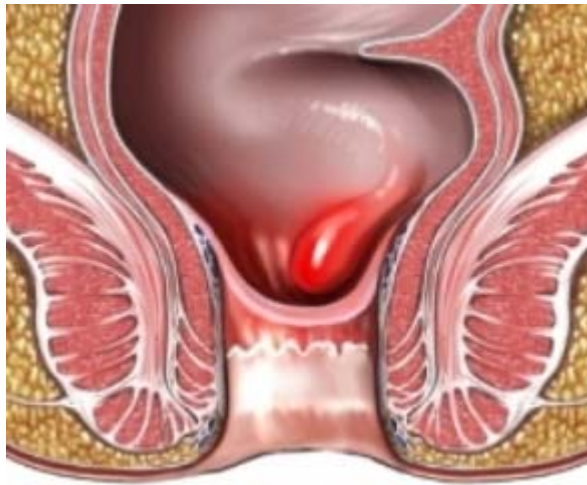
Inspection:

On inspection, there may be no evidence of internal haemorrhoids. In more advanced cases, redundant folds or tags of skin can be seen in the position of one or more of the three primary haemorrhoids. When the patient strains internal haemorrhoids may come into view

transiently or if they are of the third degree they prolapse and remain prolapsed.

Palpation:

INTERNAL HAEMORRHOIDS



Internal haemorrhoids can seldom be felt unless they are thrombosed. Possibly very large uncomplicated internal haemorrhoids are palpable.

DIGITAL EXAMINATION:

By introduction of gloved finger into the anal canal and rectum the following structures can be palpated.

Posteriorly – Sacrum, coccyx and anococcygeal body

Laterally- Ischiorectal tissues and ischial spines.

Anteriorly

Male	Female
Rectovesical pouch	Pouch of Douglas
Base of bladder	vagina
Seminal vesicles	cervix
Vas deferens	Urogenital diaphragm
Prostate	Diaphragm
Bulb of penis	Perineal body

Proctoscopy

With the patient in the left lateral or knee elbow position, the lubricated and warm is gently inserted into the rectum. The instrument is introduced at first in the direction of the axis of the anal canal i.e. upwards and forwards towards the patient's umbilicus, until the anal canal is passed, then the instrument is directed posteriorly to enter into the rectum proper. Now the obturator is withdrawn and the interior of rectum and anal canal is seen with the help of a good light the internal piles can be seen if present. The piles will prolapse into the proctoscope as this instrument is being withdrawn. Note the position of the piles as determined by the disposition of the branches of the superior haemorrhoidal

artery. There is one branch on the left side and two on the right side. Thus there are three primary piles via left lateral, right posterior and right anterior situated at 3,7 and 11'o clock positions respectively.

The patient being in the lithotomy position a few (4 to 5) secondary piles may frequently develop in between the primary.

Sigmoidoscopy:

The patient must be in the knee elbow position which allows coils of the intestine to fall forward and leads to natural distension of the rectum with air. The instrument is gently

passed under direct vision by distending the rectum with a few light bubble of the abashed pillars.

Examination of the Abdomen

The examination of the abdomen to exclude palpable lesions of the colon or aggravating factors for haemorrhoids. e.g. an enlarged liver or a pelvic mass.

Barium enema and Barium meal

It is carried out in any case where symptoms such as alteration in bowel habits point to some more sinister condition than internal haemorrhoids.

Blood for Bleeding time and clotting time

To rule out bleeding diathesis

Motion for occult blood

To rule out upper gastro intestinal disorders and carcinoma of colon and rectum.

DIFFERENTIAL DIAGNOSIS

1.External haemorrhoids (Anal haematoma)

It is caused by rupture of, or thrombosis in an external haemorrhoidal vein, producing the resultant clot. Tense painful swelling under the skin at the margin of the anal canal is usually the presenting feature.

2.Anal fissure (Fissure in ano)

It is an extremely painful condition caused by a linear split of mucosa in the posterior aspect of anal canal and is associated with marked spasm of the anal sphincter. The patient often says that he notices a streak of fresh blood on the side of hard stool.

3.Fistula in ano

Diagnosis is made by finding the external orifice of the fistula through which blood-stained purulent discharge is passed on and off pain appears when the anal orifice is clogged but passes

off as the fistula drains. On rectal examination, an indurated elevation with a central hole is often felt.

4.Polyp

This is common in children. Bleeding is painless and is often profuse on rectal examination, it appears as a pedunculated cherry red round swelling which slips away from the examining finger.

5.Papilloma (villous Tumour)

This is common in adults and may lead to carcinoma. Its benign nature is determined by its mobility and solid base.

6.Prolapse of rectum

Bleeding is not usual with prolapse. It occurs when the protruded mass is gripped by the sphincter and cannot be reduced.

7.Carcinoma of rectum

Bleeding may occur either directly from the carcinoma or from the secondary piles, developed as a result of carcinoma higher up. Diagnosis is confirmed histopathological study of tissue from raised ulcer.

8.Proctitis

It is common in middle aged. Little blood appears with faecal matter. On rectal examination warm, smooth and swollen rectal mucosa is palpable. Moreover patient constantly has the urge to defecate in this condition.

Apart from this, some more diseases are also included such as injury, peptic ulcer, enteric fever, amoebic and bacillary dysentery, tuberculosis & syphilitic ulcer, ulcerative colitis, henoch's purpura and parasites- bilharzia haematoma.

Complications:

1.Profuse haemorrhage

It is not rare. It mainly occurs externally but it may continue internally after the bleeding haemorrhoids has retracted or has been returned. In these circumstances, the rectum is found to be full of blood.

2.Anaemia

Repeated loss of small amounts of blood over a period of years can give rise to severe secondary anaemia and it is not unusual for a patient attending for treatment of piles to be found to have a haemoglobin concentration is below 50% Prompt efficient treatment of the haemorrhoids results in rapid correction of the anaemia.

3.Thrombosis:

The haemorrhoids may be come thrombosed and the thrombosis usually affects the external plexus as well, resulting in deep purple, congested swelling protruding from the anus. Tenderness is present.

4.Strangulation:

One or more of the internal haemorrhoids prolapse and because gripped by the external sphincter. further congestion follows because the venous return is impeded. Second degree haemorrhoids are most often complicated in this way. The pinkish internal haemorrhoid becomes black and sloughing occurs. Strangulation is accompanied by considerable pain unless the internal haemorrhoids can be reduced within an hour or two. strangulation is followed by thrombosis.

5. Infection

Thrombosis and strangulation are invariably complicated by infection . This can lead to ischiorectal abscess. gangrene of the rectum or portal pyaemia.

6.Ulceration

Superficial ulceration of the exposed mucous membrane is a usual accompaniment of strangulation with thrombosis.

7.Suppuration

It is uncommon. It occurs as a result of deep infection of the thrombosed haemorrhoids Throbbing pain is followed by perianal swelling and perianal or submucous abscess results.

8.Gangrene

It occurs when strangulation is sufficiently tight to constrict the arterial supply of the haemorrhoid the resulting in sloughing.

9.Fibrosis

After thrombosis, internal haemorrhoids some times become converted into fibrous tissue. The fibrosed haemorrhoid is at first sessile, but by repeated traction during prolapse at defaecation it becomes pedunculated and constitutes a fibrous polyp. Fibrosis in an external haemorrhoid favours prolapse of an associated internal haemorrhoid.

10.Pylephlebitis (portal pyaemia)

Theoretically, internal haemorrhoids should be a potent cause of portal pyaemia and liver abscesses.

Haemorrhoids in women

Many women will volunteer that their haemorrhoids symptoms are always worse just before and during menstruation and there is no doubt that this is owing to pelvic congestion and the necessity of wearing a tampon or sanitary towel. During pregnancy, the gravid uterus especially is retroverted, can cause considerable pressure on the rectum and the valveless haemorrhoidal veins. exacerbating haemorrhoids after delivery, The perianal tissues are soft and stretched and may be damaged with the result that haemorrhoids may prolapse marring the pleasure and happiness of the early days of puerperium.

Operative treatment during pregnancy is illogical as the pregnancy itself is an aggravating factor of the haemorrhoids. During the first 3 months of pregnancy any form of perineal examination or instrumentation should be avoided lest they should be blamed for a subsequent miscarriage occurring during this period and even the injection of haemorrhoids should be withheld until the pregnancy is well established. In the puerperium active treatment of haemorrhoids should be postponed until involution is complete and the levator ani muscle has regained its tone.

MATERIALS

AND

METHODS

MATERIALS AND METHODS

The clinical study on the topic of “Varal Moolam” was carried out in the out patient Department and In patient Department of AyothiDoss Pandithar Hospital of the National Institute of Siddha, Tambaram Sanatorium, Chennai -47.

SELECTION OF CASES:

40 cases were selected from the out patient department and 10 cases were selected from the In patient department were followed under the supervision of the Professor and Lecturers of the Noi Naadal Department

POPULATION AND SAMPLE:

The population consists of Varal Moolam patients with constipation, Rectal bleeding, Dryness of the skin, Faecal matter passing with a hot sensation, Increased body heat, Anger, Internal pile masses and General weakness and Inability to do normal work.

The sample consists of patients attending the OPD/IPD of Ayothi Doss Pandithar Hospital of the National Institute of Siddha, Chennai – 47.

INCLUSION CRITERIA:

Age – above 30 years.

EXCLUSION CRITERIA:

External Piles

Fissure in ano

Carcinoma rectum and other associated malignancies

Prolapse of rectum

DIAGNOSTIC PARAMETERS IN SIDDHA SYSTEM :

Siddha diagnostics methods as 96 Thathuvams, Mukkutram, Udal Thathukal, Envagai Thervugal, Nilam, Kaalam, Sothidam and Manikkadai nool were noted.

CLINICAL INVESTIGATIONS:

For further detailed study about this disease, the modern investigatory parameters are used. The following routine laboratory investigations were carried out in the patients.

1. BLOOD INVESTIGATIONS:

1. Total Count
2. Differential Count
3. Erythrocyte Sedimentation Rate
4. Haemoglobin Estimation
5. Bleeding Time
6. Clotting Time

2. URINE INVESTIGATIONS:

1. Albumin
2. Sugar
3. Deposits

3. MOTION

1. Ova
2. Cyst
3. Occult Blood

4. PROCTOSCOPY

5. COLONOSCOPY

OBSERVATION

AND

RESULTS

OBSERVATION AND RESULTS

In the present study comprising 40 patients. Among the 40 patients admitted in the OPD and IPD of Ayothidoss Pandithar Hospital, National Institute of Siddha.

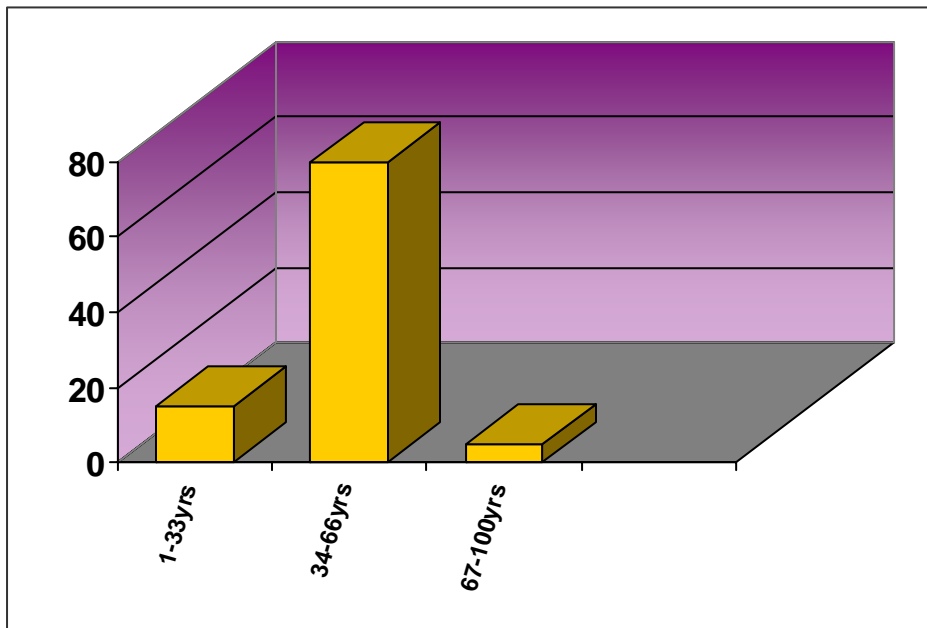
AGE DISTRIBUTION

Table no 1

Age	No of cases	Percentage
1 to 33 yrs	6	15
34 to 66 yrs	32	80
67 to 100 yrs	2	05
Total	40	100

Among 40 cases 80% of cases come under pitha kaalam i.e. 34 – 66 yrs 15% of cases comes under Kaba kaalam i.e. 1-33 yrs.

Bar Diagram showing the age distribution with corresponding disease



GENDER DISTRIBUTION

Table no - 2

Gender	No. of cases	Percentage
Male	25	62. 5
Female	15	37. 5
Total	40	100

Among 40 cases 62.5% of cases come under male gender 37.5% of cases comes under female gender.

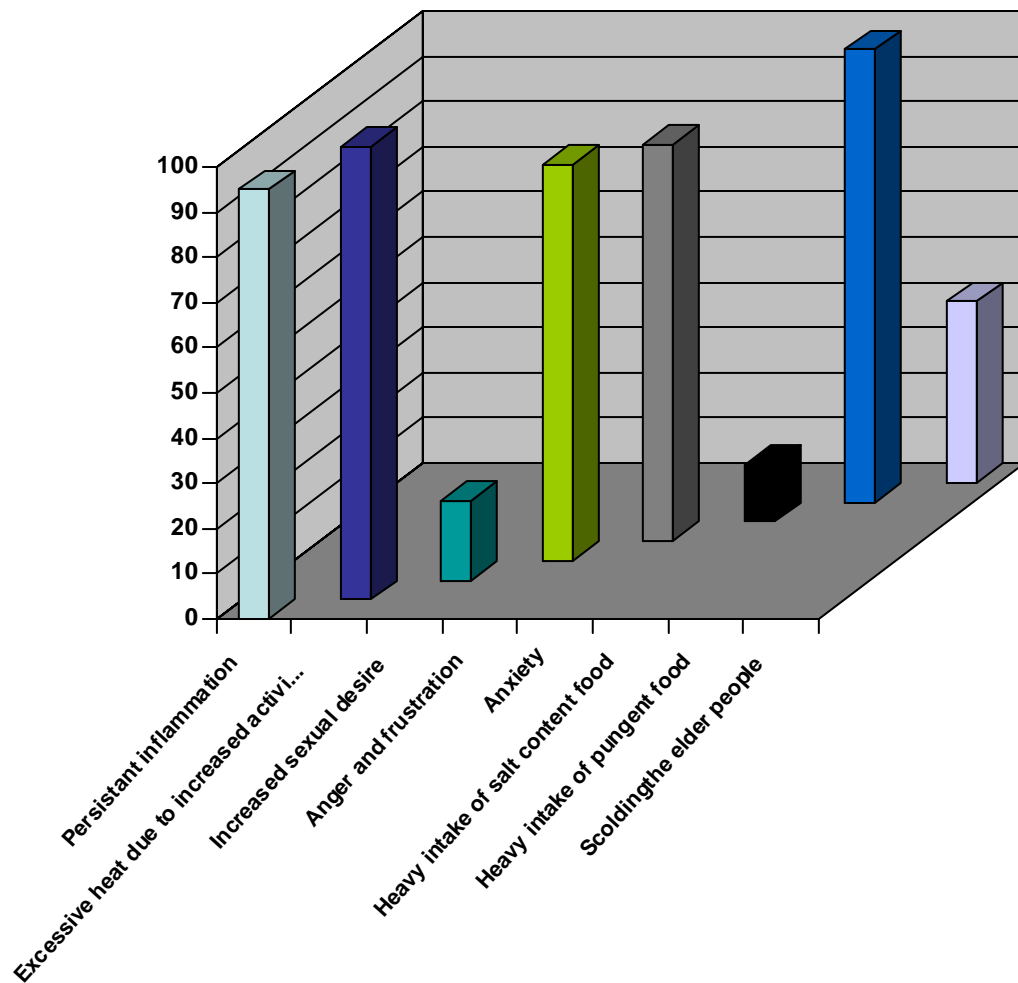
ETIOLOGY FOR VARAL MOOLAM

Table no – 3

Etiology	No of cases	Percentage
Persistent inflammation	38	95
Excessive heat due to increased activities	40	100
Increased sexual desire	13	17.5
Anger and frustration	35	87.5
Anxiety	35	87.5
Heavy intake of salt content food	5	12.5
Heavy intake of pungent food	40	100
Scolding the elder people	16	40

Out of 40 cases 100% of cases have the history of excessive heat due to increased activities, heavy intake of pungent foods, 95% of cases have the persistent inflammation, 87.5% of cases have the history of anger and frustration and anxiety, 40% of cases have the history of

scolding the elder people, 17. 5% of cases have the history of increased sexual desire, 12.5% of cases have the history of heavy intake of salt content.

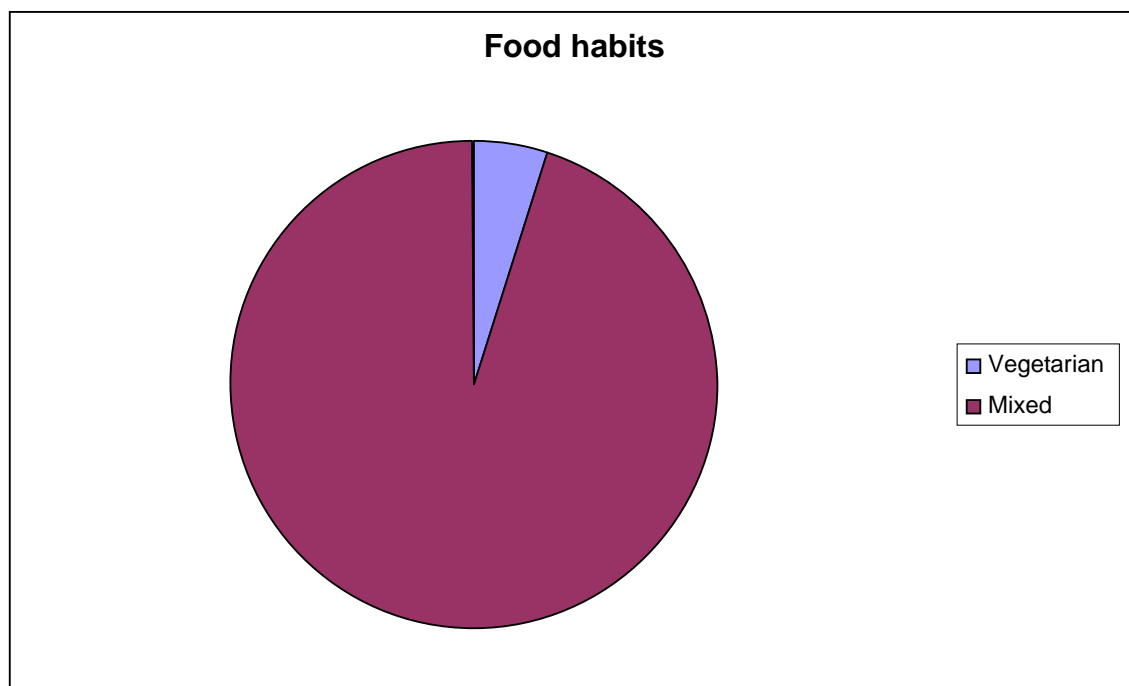


FOOD HABITS

Table no - 4

Food habits	No of cases	Percentage
Vegetarian	2	05
Non vegetarian	-	-
Mixed diet	38	95

Among the 40 cases of this study 95% of cases were mixed diet, 5 % were vegetarian.



OTHER HABITS

Table no - 5

Other habits	No of cases	Percentage
Betel nut chewing	3	7.5

Among the 40 cases of this study 7.5% of cases were betel nut chewing habit.

UDAL VANMAI

Table no - 6

Udal vanmai	No of cases	Percentage
Iyyalpu	34	85
Valivu	4	10
Melivu	2	05
Total	40	100

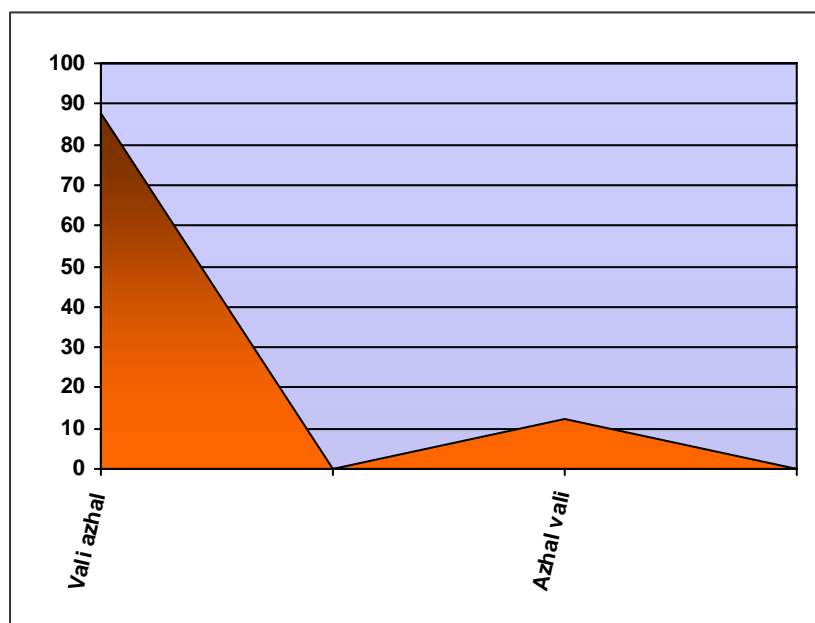
Among the 40 cases of this study 85% of cases were lyyalpu udal vanmai, 10% cases were Valivu udal vanmai, 5% cases were Melivu udal vanmai.

NAADI

Table no- 7

Naadi		No of cases (out of 40)	Percentage
Naadi nithanam	Vanmai	29	72.5
	Menmai	11	27.5
	Total	40	100
Naadi panbu	Puranadai	03	7.5
	Kathithal	25	62.5
	Kalathal	7	17.5
	Illaithal	1	2.5
	Munnoku	3	7.5
	Pinnoku	1	2.5
	Total	40	100
Naadi nadai	Vali azhal	35	87.5
	Azhal vali	05	12.5
	Total	40	100

Among the 40 cases of this study 72.5% of cases have Vanmai character and 27.5% cases have Menmai character in Naadi nithanam, 62.5% of cases have kathithal character, 17.5% of cases having kalathal character, 7.5% of cases have Puranadai and Munnokku character, 2.5% of cases have Pinnokku character in Naadi panbu, 87.5% of cases have Valiazhal and 12.5% of cases have Azhal vali in their Naadi nadai.



NAA

Table no- 8

Naa		No of cases	Percentage
Thanmai	Maa padithal	32	80
	Vedippu	03	7.5
Niram	Karuppu	00	00
	Manjal	01	2.5
	Velluppu	19	47.5
Suvai	Kaippu	03	7.5
	pulippu	10	25
	Inippu	05	12.5
	Normal	22	55

Vai neer ooral	Normal	32	80
	Increased	4	10
	Reduced	4	10

Among 40 cases 80% of cases have Maa padinthiruthal, 7.5% of cases have Vedippu in their tongue. 47.5% of cases have Vellupu, 2.5 % of cases have Manjal niram in their tongue. 25 % of cases have Pulippu taste, 12.5% of cases have Inippu taste, and 7.5% of cases have Kaippu taste in their tongue.

NIRAM MOZHI AND VIZHI

Table no -9

Niram mozhi and vizhi		No of cases	Percentage
Niram	Karuppu	27	67.5
	Manjal	02	05
	Vellupu	11	27.5
	Total	40	100
mozhi	Sama oli	04	10
	Urattha oli	16	40
	Thazhantha oli	20	50
	Total	40	100
Vizhi - Niram	Karuppu (Muddy)	20	50
	Manjal	03	7.5
	Sivappu	02	05
	Vellupu	15	37.5
	Total	40	100

Thanmai	Erichal	15	37.5
	Kanner	09	22.5
	Normal	16	40
	Total	40	100

Among 40 cases 67.5% of cases are Karuppu i.e.: Black and brownish black.50% of cases have Thazhantha oli, 40 % of have Urattha oli, 10% of cases have Sama oli.37.5% of cases have Vellupu Venvizhi,37.5% of cases have kan erichal, 22.5% of cases have increased kanner.

MEI KURI

Table no- 10

Mei kuri		No of cases	Percentage
Veppam	Mitham	21	52.5
	Migu	17	42.5
	Thatpam	02	05
	Total	40	100
Viyarvai	Normal	25	62.5
	Reduced	00	00
	Increased	15	32.5
	Total	40	100
Thodu vali	Present	38	95
	Absent	02	05
Aasanavai kasivu	Present	40	100
	Absent	00	00

Moolamulai	Present	40	100
	Absent	00	00

Among 40 cases 52.5% of cases have mitha veppam, 42.5% of cases have migu veppam.32. 5% of cases have increased viyarvai.95% of cases have thodu vali, 100% of cases have aasanavai kasivu, and 100% of cases have moolamulai present.

MALAM

Table no 11

Malam		No of cases	Percentage
Niram	Manjal	39	97.5
	Sivappu	01	2.5
	Veluppu	00	00
	Total	40	100
Sikkal		40	100
Siruthal		40	100
Vemmai		09	22.5
Kirumi		00	00

Among 40 cases 97.5% of cases have yellow colour of stool, 100% Of cases have constipation, and 100% of cases have siruthal thanmai in stool.

NEER KURI

Table no 12

Neer kuri		No of cases	Percentage
Neer thanmai	Neer manam	40	100
	Neer erichchal	06	15
Neer niram	Venmai	02	05

	Manjal	38	95
	Crystal clear	00	00
	Total	40	100
Nurai	Nil	37	92.5
	Present	03	7.5
	Total	40	100
Edai	Normal	40	100
	Total	40	100
Enjal	Normal	40	100
	Total	40	100
Nei kiuri	Aravathil mothiram	02	05
	Mothirathil aravam	03	7.5
	Muthu	04	10
	Mellena paraviyathu	31	77.5
	Total	40	100

Among 40 cases 100% of cases have neer manam, 95% Of cases have manjal niram urine, 15% of cases have neer erichchal.92.5% of cases have normal nurai, 100% of cases have normal edai, enjal. In nei kuri 77.5% of cases have mellena paravitathu.10% of cases have muthu.

IMPORIGAL AND KANMAENTHRIYANGAL

Table no 13

Imporigal and kanmaenthriyangal		No of cases	Percentage
Imporigal	Mei	38	95
kanmaenthriyangal	Kaal	24	60
	Eruvai	40	100

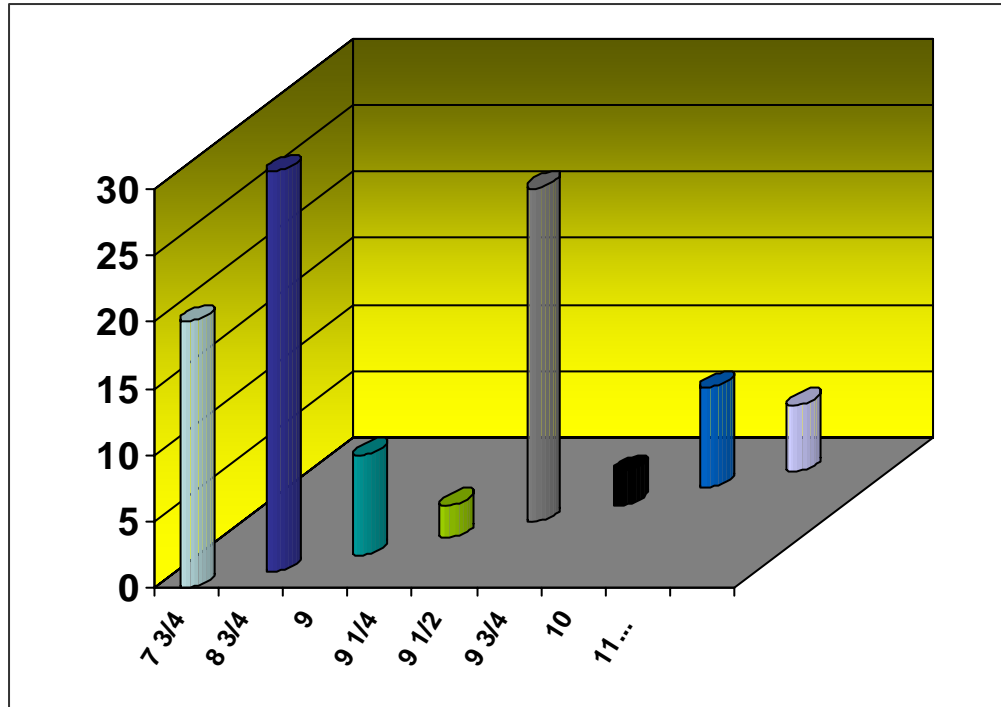
Among 40 cases 100% of cases are having affected eruvai. 95% of cases are having affected mei

MANIKADAI NOOL

Table no 14

Manikadai nool	No of cases	Percentage
7 $\frac{3}{4}$	8	20
8 $\frac{3}{4}$	12	30
9	3	7.5
9 $\frac{1}{4}$	1	2.5
9 $\frac{1}{2}$	10	25
9 $\frac{3}{4}$	1	2.5
10	3	7.5
11	2	05

Among 40 cases 30% of cases have 8 $\frac{3}{4}$ V.K, 25% of cases have 9 $\frac{1}{2}$ V.K, 20 % of cases have 7 $\frac{3}{4}$ V.K.



UYIR THATHUKKAL

Table no 15

Vatham	No of cases	Percentage
Praanan	11	27.5
Abannan	40	100
Samanan	40	100
Uthanan	01	2.5
Viyanan	40	100
Nagan	01	2.5
Koorman	14	35
Kirukaran	01	2.5
Devathaththan	40	100
Dananjeyan	00	00

Out of 40 cases 100% of cases have deranged abaanan, samanana, viyanana, devathaththan. 35% of cases have deranged Koorman , 27.5% of cases have deranged Praanan.

Table no 16

Pitham	No of cases	Percentage
Anar pitham	09	22.5
Ranjaga pitham	13	32.5
Alosaga pitham	14	35
Prasaga pitham	13	32.5
Saathaga pitham	40	100

Out of 40 cases 100% of cases having deranged saathaga pitham. 35% of cases have deranged alosagam. 32.5% of cases have deranged ranjagam and prasagam

Table no 17

Kabam	No of cases	Percentage
Avalambagam	09	22.5
Kilethagam	09	22.5
Pothagam	04	10.0
Tharpagam	09	22.5
Santhigam	24	60.0

Out of 40 cases 60% of cases have deranged santhigam, 22.5 cases have deranged avalambagam and tharpagam., kilethagam.10% of cases have deranged pothagam.

UDAL THATHUKKAL

Table no 18

Udal thathukkal	No of cases	Percentage
Saaram	40	100
Chenner	15	37.5
Oon	40	100
Kozhuppu	00	00
Enbu	17	42.5
Moolai	00	00
Sukkilam / suronitham	00	00

All the 40 cases have deranged saaram, chenner, oon. 42.5% of cases have deranged enbu. 37.5% of cases have deranged chenner.

NOI UTRA KAALAM AND NILAM

Table no 19

Noi utra kaalam and Nilam		No of cases	Percentage
Noi utra kaalam	Kaar kalam	00	00
	Koothirkaalam	02	05
	Munpanikaalam	08	20
	Pinpanikaalam	06	15
	Elavenirkaalam	10	25
	Muduvenerkaalam	14	35

Noi utra nilam	Kurinji	08	20
	Mullai	18	45
	Marutham	04	10
	Neithal	10	25
	Palai	00	00

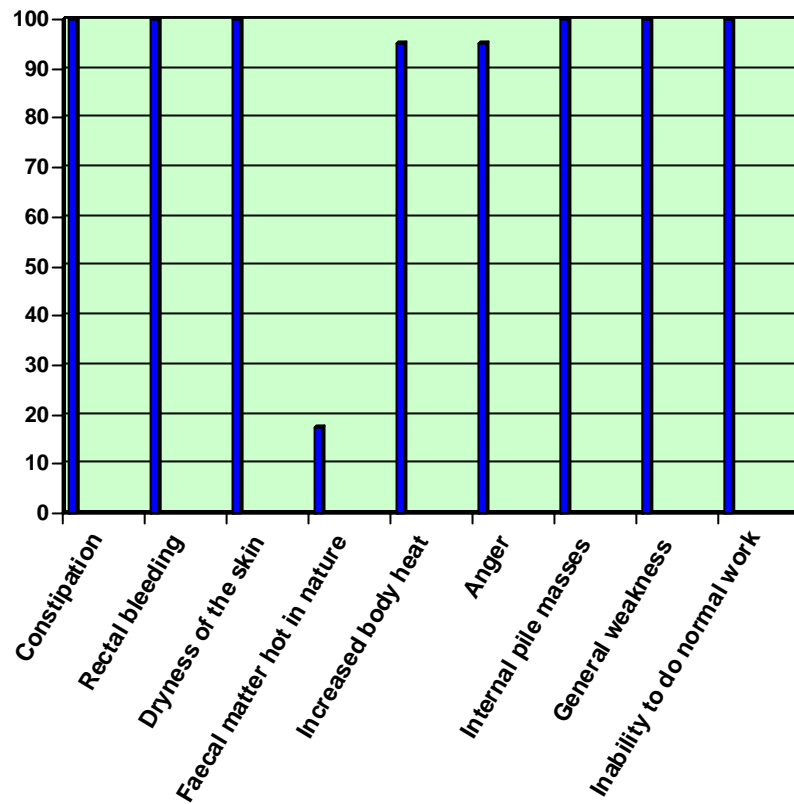
In kaalam, out of the 40 cases of this study 35% of cases were affected in muduvenil kaalam. In nilam , 45% of cases had affected from mullai nilam.

CLINICAL FEATURES OF VARAL MOOLAM

Table no 20

Clinical features of varal moolam	No of cases	Percentage
Constipation	40	100
Rectal bleeding	40	100
Dryness of the skin	40	100
Faecal matter hot in nature	07	17.5
Increased body heat	38	95
Anger	38	95
Internal pile masses	40	100
General weakness	40	100
Inability to do normal work	40	100

In clinical features, out of the 40 cases, 100 % Of cases had constipation, rectal bleeding, dryness of the skin, internal pile mass, general weakness, inability to do normal work.95% of cases had increased body heat, anger.17. 5% of cases had faecal matter hot in nature.



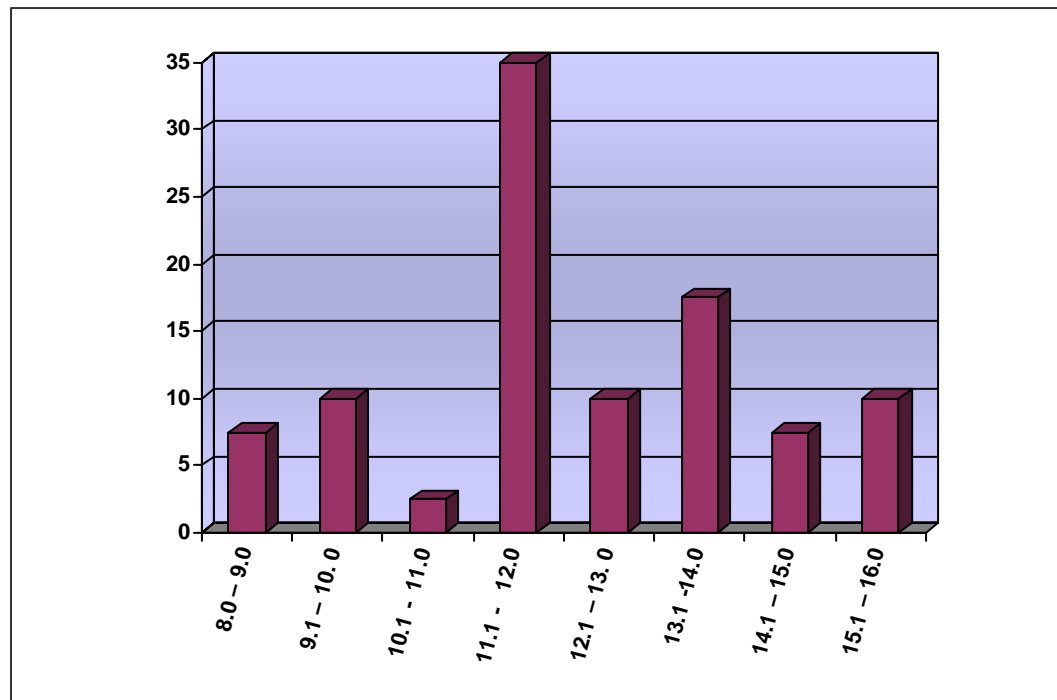
ESTIMATION OF HAEMOGLOBIN

Table no 21

Haemoglobin	No of cases	Percentage
8.0 – 9.0	03	7.5
9.1 – 10. 0	04	10
10.1 - 11.0	01	2.5
11.1 - 12.0	14	35
12.1 – 13. 0	04	10

13.1 -14.0	07	17.5
14.1 – 15.0	03	7.5
15.1 – 16.0	04	10
Total	40	100

Out of 40 cases 35 % of cases have 11. 1 to 12 gms% haemoglobin, 17. 5% of cases have 13. 1 to 14 gms%.haemoglobin. 7.5% of cases have 8.0 to 9.0 gms% and 14.1to 15.0gms% haemoglobin.

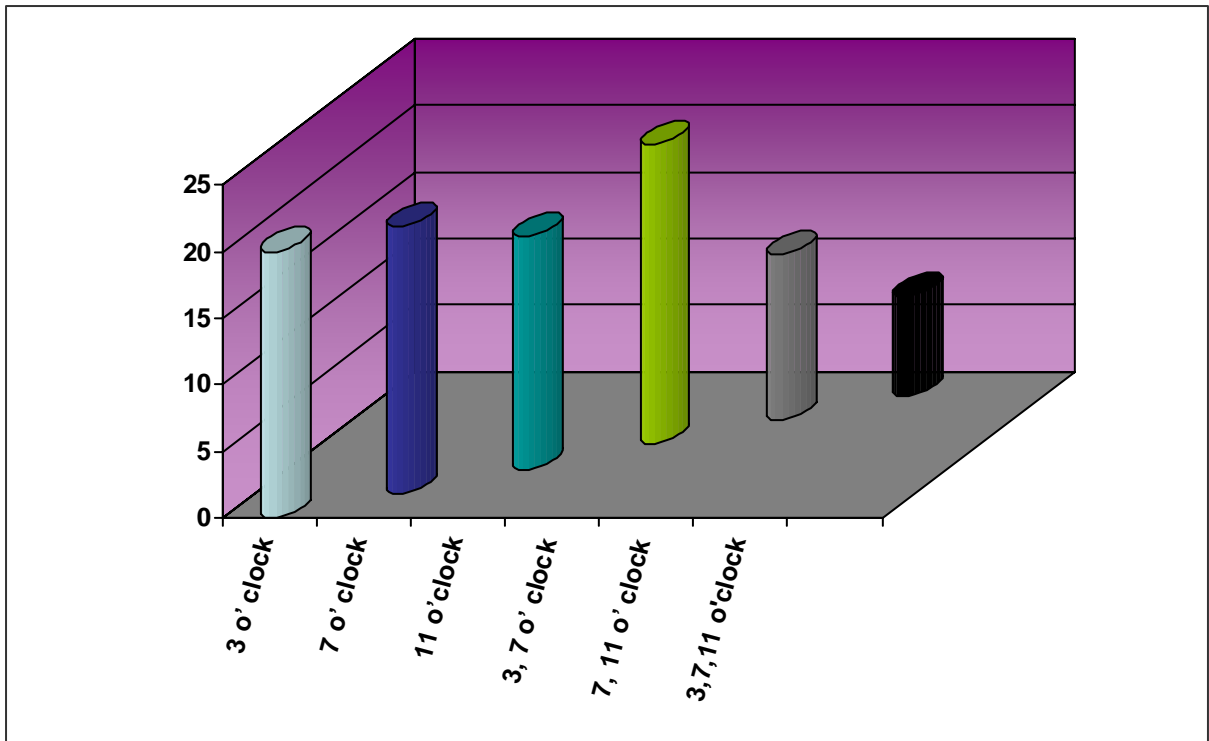


POSITION OF INTERNAL HAEMORRHOIDS

Table no 22

Position of internal haemorrhoids	No of cases	Percentage
3 o' clock	08	20
7 o' clock	08	20
11 o'clock	07	17.5
3, 7 o' clock	09	22.5
7, 11 o' clock	05	12.5
3, 7, 11 o' clock	03	7.5
Total	40	100

Among 40 cases 22.5% of cases have 3, 7 o' clock position, 20% Of cases have 3 o'clock, 7 0' clock position, 17.5% of cases have 7, 11 o' clock position, 7.5% of cases have 3, 7, 11o'clock position.



RAASI DISTRIBUTION

Table no 23

Raasi	No of cases	Percentage
Mesham	05	12.5
Rishabam	02	05
Midhunam	05	12.5
Katakam	02	05
Simmam	04	10
Kanni	01	2.5
Thulam	03	7.5
Virchigam	04	10
Dhanusu	02	05
Maharam	01	2.5
Meenam	04	10
Not known	07	17.5

Among 40 cases 12.5% of cases have mesam, midhunam, 10% cases have simmam, and virchigam.7.5 cases have thulam.

NATCHATHIRAM DISTRIBUTION

Natchathiram	No of cases	percentage
Aswini	01	2.5
Barani	03	7.5
Rohini	02	05
Swathi	02	05
Thiruvathiri	03	7.5
Uthiram	01	2.5
Makam	02	05
Revathi	03	7.5
Punarpoosam	02	05
Visagam	01	2.5
Moolam	02	05
Ayilyam	02	05
Kettai	03	7.5
Not known	13	32.5

In natchathiram 7. 5% cases have barani, Thiruvathiri, Revathi ,Kettai .

Allied parameters
Table showing the Envagai thervu

Sl. No	OP.No	Name	Age/sex	Naa	Niram	Mozhi	Vizhi	Sparism	Malam	Moothiram		Naadi
										Neer kuri	Nei kuri	
1.	AD7196	Gopal	47/M	Veluppu Maa padinthuruthal	Karuppu	Uratta oli	Veluppu	Tenderness 7 °	Sikkal Siruthal	Yellow++ Foam nil	Slowly spread	Vali azhal
2.	C5908	Vallaiyammal	35/F	Veluppu Maa padinthuruthal	Veluppu	Thazhantha oli	Muddy	Tenderness 3 °, 7 °	Sikkal Siruthal	Yellow+ Foam nil	Slowly spread	Vali azhal
3.	AE6553	Malarvizhi	45/F	Veluppu Maa padinthuruthal	Karuppu	Thazhantha oli	Veluppu	Tenderness 7 °	Sikkal Siruthal	Yellow+ Foam nil	Slowly spread	Vali azhal
4.	AB7547	Manoharan	54/M	Maa padinthuruthal	Karuppu	Uratta oli	Manjal	Tenderness 7 °	Sikkal Siruthal	Yellow++ Foam nil	Muthu	Vali azhal
5.	AF9730	Krishnaveni	37/F	Maa padinthuruthal	Karuppu	Sama oli	Muddy	Tenderness 3 °, 7 °	Sikkal Siruthal	Yellow+ Foam +	Slowly spread	Vali azhal
6.	AG462	Mala	50/F	Veluppu	Veluppu	Thazhantha oli	Muddy	Tenderness 3 °, 7 °, 11 °	Sikkal Siruthal	Yellow++ Foam nil	Slowly spread	Vali azhal
7.	AE3123	Ilamali	50/F	Maa padinthuruthal	Karuppu	Uratta oli	Veluppu	Tenderness 7 °, 11 °	Sikkal Siruthal	Venmai Foam nil	Slowly spread	Vali azhal
8.	AE9650	Ravichandran	38/M	Veluppu	Karuppu	Thazhantha oli	Muddy	Tenderness 3 °	Sikkal Siruthal	Yellow+ Foam nil	Muthil aravam	Vali azhal
9.	AH1478	Jeyakumar	38/M	Veluppu Maa padinthuruthal	Karuppu	Thazhantha oli	Muddy	Tenderness 3 °	Sikkal Siruthal	Yellow+ Foam nil	Slowly spread	Azhal vali
10.	AE7173	Jeya	47/F	Veluppu Maa padinthuruthal	Veluppu	Uratta oli	Muddy	Tenderness 11 °	Sikkal Siruthal	Yellow++ Foam nil	Slowly spread	Vali azhal

Allied parameters
Table showing the Envagai thervu

Sl. No	OP.No	Name	Age/sex	Naa	Niram	Mozhi	Vizhi	Sparism	Malam	Moothiram		Naadi
										Neer kuri	Nei kuri	
11.	AI2945	Durai	47/M	Maa padinthuruthal	Karuppu	Thazhantha oli	Veluppu	Tenderness 7 °, 11 °	Sikkal Siruthal	Yellow+ Foam nil	Slowly spread	Vali azhal
12.	AH1355	Saraswathi	55/F	Veluppu	Veluppu	Thazhantha oli	Veluppu	Tenderness 7 °, 11 °	Sikkal Siruthal	Yellow+ Foam nil	Slowly spread	Vali azhal
13.	AH6553	Ramakrishnan	66/M	Maa padinthuruthal	Karuppu	Uratta oli	Muddy	Tenderness 7 °	Sikkal Siruthal	Yellow++ Foam nil	Slowly spread	Vali azhal
14.	AJ1236	Monraj	45/M	Maa padinthuruthal	Karuppu	Sama oli	Muddy	Tenderness 11 °	Sikkal Siruthal	Yellow Foam +	Slowly spread	Vali azhal
15.	AJ2362	Senthilnathan	33/M	Maa padinthuruthal	Karuppu	Uratta oli	Sivappu	Tenderness 3 °, 7 °	Sikkal Siruthal	Yellow Foam nil	Slowly spread	Vali azhal
16.	AJ5324	Balasubramanian	63/M	Maa padinthuruthal	Karuppu	Uratta oli	Manjal	Tenderness 3 °, 7 °, 11 °	Sikkal Siruthal	Yellow+ Foam nil	Aravathil muthu	Vali azhal
17.	AI6605	Cyakam	40/F	Maa padinthuruthal	Karuppu	Uratta oli	Manjal	Tenderness 11 °	Sikkal Siruthal	Yellow++ Foam nil	Slowly spread	Azhal vali
18.	AI9126	Deivanai	44/F	Veluppu	Karuppu	Thazhantha oli	Veluppu	Tenderness 3 °	Sikkal Siruthal	Yellow+ Foam nil	Slowly spread	Vali azhal
19.	AJ7003	Meenachi	30/F	Maa padinthuruthal	Karuppu	Uratta oli	Muddy	Tenderness 3 °, 7 °	Sikkal Siruthal	Yellow+ Foam nil	Slowly spread	Vali azhal
20.	Y4082	Sri ramalu	48/M	Maa padinthuruthal	Karuppu	Thazhantha oli	Muddy	Tenderness 7 °, 11 °	Sikkal Siruthal	Yellow+ Foam nil	Slowly spread	Vali azhal

Allied parameters
Table showing the Envagai thervu

Sl. No	OP.No	Name	Age/sex	Naa	Niram	Mozhi	Vizhi	Sparism	Malam	Moothiram		Naadi
										Neer kuri	Nei kuri	
21.	AJ164	Senthilkumar	27/M	Maa padinithiruthal	Karuppu	Thazhantha oli	Veluppu	Tenderness 7 °	Sikkal Siruthal	Yellow+ Foam nil	Slowly spread	Vali azhal
22.	AI9649	Gajendran	48/M	Veluppu	Veluppu	Thazhantha oli	Muddy	Tenderness 3 °, 7 °	Sikkal Siruthal	Yellow++ Foam nil	Slowly spread	Vali azhal
23.	AJ1847	Elangovan	30/M	Maa padinithiruthal	Karuppu	Uratta oli	Veluppu	Tenderness 11 °	Sikkal Siruthal	Yellow+ Foam nil	Slowly spread	Vali azhal
24.	AJ7481	Sirajudeen	50/M	Veluppu	Veluppu	Thazhantha oli	Muddy	Tenderness 3 °, 7 °, 11 °	Sikkal Siruthal	Yellow++ Foam nil	Aravathil muthu	Vali azhal
25.	AJ4031	Sadhasivam	52/M	Maa padinithiruthal	Karuppu	Thazhantha oli	Muddy	Tenderness 3 °, 7 °	Sikkal Siruthal	Yellow+ Foam nil	Slowly spread	Vali azhal
26.	AJ2881	Rani	42/F	Maa padinithiruthal	Karuppu	Uratta oli	Veluppu	Tenderness 7 °	Sikkal Siruthal	Yellow+ Foam nil	Muthu	Vali azhal
27.	AA6305	Subramanian	65/M	Maa padinithiruthal	Karuppu	Thazhantha oli	Muddy	Tenderness 11 °	Sikkal Siruthal	Yellow+ Foam nil	Slowly spread	Vali azhal
28.	AH9335	Sivakumar	23/M	Veluppu Maa padinithiruthal	Manjal	Thazhantha oli	Muddy	Tenderness 7 °	Sikkal Siruthal	Yellow+++ Foam nil	Slowly spread	Azhal vali
29.	AJ185	Pugalenth	44/F	Veluppu Maa padinithiruthal	Veluppu	Thazhantha oli	Muddy	Tenderness 3 °	Sikkal Siruthal	Yellow+ Foam nil	Muthu	Vali azhal
30.	AJ5652	Shanthadevi	67/F	Veluppu Maa padinithiruthal	Veluppu	Sama oli	Muddy	Tenderness 3 °	Sikkal Siruthal	Yellow++ Foam nil	Muthil aravam	Vali azhal

Allied parameters
Table showing the Envagai thervu

Sl. No	IP.No	Name	Age/sex	Naa	Niram	Mozhi	Vizhi	Sparism	Malam	Moothiram		Naadi
										Neer kuri	Nei kuri	
31.	1005	Kesavanraj	60/M	Maa padinthiruthal	Karuppu	Uratta oli	Veluppu	Tenderness 3 °, 7 °	Sikkal Siruthal	Yellow+ Foam nil	Slowly spread	Vali azhal
32.	1089	Soundarraaj	41/M	Maa padinthiruthal	Karuppu	Uratta oli	Muddy	Tenderness 7 °	Sikkal Siruthal	Yellow+ Foam +	Slowly spread	Vali azhal
33.	1117	Rahuman	34/M	Maa padinthiruthal	Karuppu	Uratta oli	Veluppu	Tenderness 11 °	Sikkal Siruthal	Yellow++ Foam nil	Slowly spread	Vali azhal
34.	1081	Meeramaideen	40/M	Veluppu	Veluppu	Sama oli	Veluppu	Tenderness 3 °	Sikkal Siruthal	Yellow+ Foam nil	Slowly spread	Azhal vali
35.	1246	Manikan	68/M	Maa padinthiruthal	Karuppu	Uratta oli	Sivappu	Tenderness 3 °, 7 °	Sikkal Siruthal	Yellow+ Foam nil	Muthu	Vali azhal
36.	1315	Balasubramani	59/M	Maa padinthiruthal	Karuppu	Uratta oli	Veluppu	Tenderness 3 °, 7 °	Sikkal Siruthal	Yellow++ Foam nil	Slowly spread	Vali azhal
37.	1320	Devaraj	62/M	Veluppu	Karuppu	Thazhantha oli	Muddy	Tenderness 11 °	Sikkal Siruthal	Yellow+ Foam nil	Slowly spread	Vali azhal
38.	899	Jimmabegam	48/F	Veluppu Maa padinthiruthal	Veluppu	Thazhantha oli	Veluppu	Tenderness 7 °, 11 °	Sikkal Siruthal	Yellow+ Foam nil	muthil aravam	Vali azhal
39.	1326	Murugesan	33/M	Veluppu Maa padinthiruthal	Karuppu	Thazhantha oli	Muddy	Tenderness 3 °	Sikkal Siruthal	Yellow+ Foam nil	Slowly spread	Vali azhal
40.	1327	Chellamuthu	44/M	Veluppu Maa padinthiruthal	Veluppu	Thazhantha oli	Veluppu	Tenderness 3 °	Sikkal Siruthal	Yellow+ Foam nil	Slowly spread	Azhal vali

Allied parameters
Table showing laboratory investigations

Sl. No	OP.No	Age/sex	Blood						ESR			TRBC Million/ cu.mm	Sugar mgs%	BT	CT	Urine				
			TC Cells /cu mm	P	L	E	B	M	½hr	1 hr	Hb						Alb	Sug	Dep	
				Cells / cu mm													Pus cell	Epi cell		
1	AD7196	47/M	8200	50	47	02	00	01	5	12	13.6	4.5	74	2 min 30 sec	3 min 40sec	Nil	Nil	1-2	1-2	
2	C5908	35/F	6600	56	37	07	00	00	12	20	8.8	3.8	80	1 min 40 sec	2 min 30sec	Nil	Nil	1-2	2-4	
3	AE6553	45/F	7900	55	41	04	00	00	6	12	11.6	3.8	79	2 min 15 sec	3 min	Nil	Nil	2-4	2-4	
4	AB7547	54/M	8000	52	45	03	00	00	11	23	15	3.7	166	2 min 15 sec	3 min 45sec	Nil	Nil	2-4	2-4	
5	AF9730	37/F	10500	60	34	06	00	00	15	32	12.1	4	91	1 min 40 sec	2 min 30sec	Nil	Nil	1-2	1-2	
6	AG462	50/F	7500	50	45	05	00	00	13	26	9.8	4.1	160	2 min	2 min 50sec	Nil	Nil	1-2	1-2	
7	AE3123	50/F	9200	51	47	02	00	00	4	16	12	4	108	2 min 15 sec	3 min	Nil	Nil	1-2	1-2	
8	AE9650	38/M	6100	52	46	02	00	00	8	16	11.2	3.7	98	2 min	2 min 30sec	Nil	Nil	1-2	2-4	
9	AH1478	38/M	6800	60	35	03	00	02	11	22	11.6	4.2	117	3 min	3 min 45sec	Nil	Nil	2-4	2-4	
10	AE7173	47/F	6600	60	35	03	00	02	11	22	11.4	3.9	119	2 min 30 sec	3 min 15sec	Nil	Nil	1-2	1-2	

Allied parameters
Table showing laboratory investigations

Sl. No	OP.No	Age/sex	Blood						ESR			TRBC Million/ cu.mm	Sugar mgs%	BT	CT	Urine							
			TC Cells /cu mm	P	L	E	B	M	½hr	1 hr	Hb									Alb	Sug	Dep	
																						Pus cell	Epi cell
11	AI2945	47/M	7800	57	38	05	00	00	6	12	12	4.6	129	2 min 45 sec	4 min	Nil	Nil	1-2	2-4				
12	AH1355	55/F	8700	54	42	04	00	00	12	16	9.2	3.4	70	2min 15 sec	3min	Nil	Nil	2-4	2-4				
13	AH6553	66/M	7200	54	43	03	00	00	4	8	13.6	4.2	110	2 min 50 sec	3 min 15sec	Nil	Nil	2-4	2-4				
14	AJ1236	45/M	10800	73	27	00	00	00	3	7	14.4	4.5	94	2 min	3 min	Nil	Nil	1-2	2-3				
15	AJ2362	33/F	7400	50	46	03	00	01	5	10	14.6	4.4	157	2min 15 sec	3 min	Nil	Nil	0-1	3-4				
16	AJ5324	63/M	8200	57	37	06	00	00	2	4	15	5	80	2 min 10sec	4 min	Nil	Nil	1-2	2-4				
17	AI6605	40/F	7900	53	39	08	00	00	24	48	12	4	401	2 min	4 min	Nil	+++ +	2-4	4-8				
18	AI9126	44/F	7800	58	34	08	00	00	14	28	13.6	4.3	80	2 min	3 min	Nil	Nil	1-2	Plen ty				
19	AJ7003	30/F	7200	57	37	06	00	00	14	28	11	3.6	90	2 min 10sec	34min 30sec	Nil	Nil	4-6	4-5				
20	Y4082	48/M	8000	55	42	03	00	00	10	20	13.2	4.2	86	2 min 55 sec	3 min 40sec	Nil	Nil	4-6	2-4				

Allied parameters
Table showing laboratory investigations

Sl. No	OP.No	Age/sex	Blood						ESR		Hb	TRBC Million/ cu.mm	Sugar mgs%	BT	CT	Urine			
			TC Cells /cu mm	P	L	E	B	M	½hr	1 hr						Alb	Sug	Dep	
																		Pus cell	Epi cell
21	AJ164	27/M	7200	59	32	09	00	00	22	44	13.8	4.3	92	3 min	4 min	Nil	Nil	0-1	1-2
22	AI9649	48/M	7200	54	42	04	00	00	14	20	8.0	4.3	187	2min 15 sec	3min	+++	Nil	2-4	4-8
23	AJ1847	30/M	7000	54	40	04	00	02	22	44	13.2	3.9	96	3 min 15 sec	4 min	Nil	Nil	0-1	1-2
24	AJ7481	50/M	7800	61	34	05	00	00	4	8	11.5	3.6	213	2 min 20sec	3 min	Nil	Nil	4-6	2-4
25	AJ4031	52/M	7200	53	44	03	00	00	20	40	12.5	4	161	1min 45 sec	2 min 15sec	Nil	Nil	1-2	2-4
26	AJ2881	42/F	7600	53	44	03	00	00	25	50	12.7	4	250	2 min 55sec	3 min 40sec	Nil	+++	4-5	2-3
27	AA6305	65/M	7800	59	38	03	00	00	26	50	11.8	3.8	80	2 min 50sec	3 min 10sec	Nil	Nil	1-3	2-3
28	AH9335	23/M	6000	53	44	03	00	00	4	8	11.2	4.2	80	3 min 05sec	3 min 25sec	Nil	Nil	1-3	2-3
29	AJ185	44/M	7600	61	34	05	00	00	12	24	9.5	3	86	2 min 30sec	3min 20sec	Nil	Nil	1-2	2-4
30	AJ5652	67/F	8400	52	42	05	00	01	8	16	9.5	3.3	96	2 min 40 sec	4min 20sec	+	Nil	3-4	5-6

Allied parameters
Table showing laboratory investigations

Sl. No	IP.No	Age/sex	Blood						ESR			TRBC Million/ cu.mm	Sugar mgs%	BT	CT	Urine				
			TC Cells /cu mm	P	L	E	B	M	½hr	1 hr	Hb						Alb	Sug	Dep	
				Cells / cu mm															Pus cell	Epi cell
31	1005	60/M	8900	59	36	04	00	01	14	32	12	3.9	89	1 min 45sec	2 min 50sec	Nil	Nil	1-2	1-2	
32	1089	41/M	8000	50	48	02	00	00	4	10	16	5	80	2 min 15 sec	3min	Nil	Nil	0-1	1-2	
33	1117	34/M	7200	50	46	04	00	00	3	6	14.1	4.8	82	2 min 30 sec	3 min 15sec	Nil	Nil	2-4	2-4	
34	1081	40/M	6200	53	45	02	00	00	7	15	8.7	3.7	72	2 min 23sec	3 min 15sec	Nil	Nil	2-4	4-8	
35	1246	68/M	7400	61	34	05	00	00	10	20	15.5	4.7	113	2min	2 min 15sec	Nil	Nil	1-2	2-4	
36	1315	59/M	6000	52	44	04	00	00	6	12	15	4.4	61	2 min	3 min	Nil	Nil	2-3	2-3	
37	1320	62/M	8000	52	42	05	00	01	20	40	11.8	3.7	74	2 min 10sec	4 min	Nil	Nil	1-2	2-3	
38	899	48/F	7000	53	44	03	00	00	10	20	10	3.6	126	1 min 50sec	2 min 30sec	Nil	Trac e	0-1	1-2	
39	1326	33/M	7800	53	42	05	00	00	8	16	11.4	3.7	79	2 min 15sec	3min 50sec	Nil	Nil	2-4	2-4	
40	1327	44/M	7000	59	38	03	00	00	20	40	11.4	3.6	125	2 min 50 sec	3min 20sec	+	Nil	2-4	2-4	

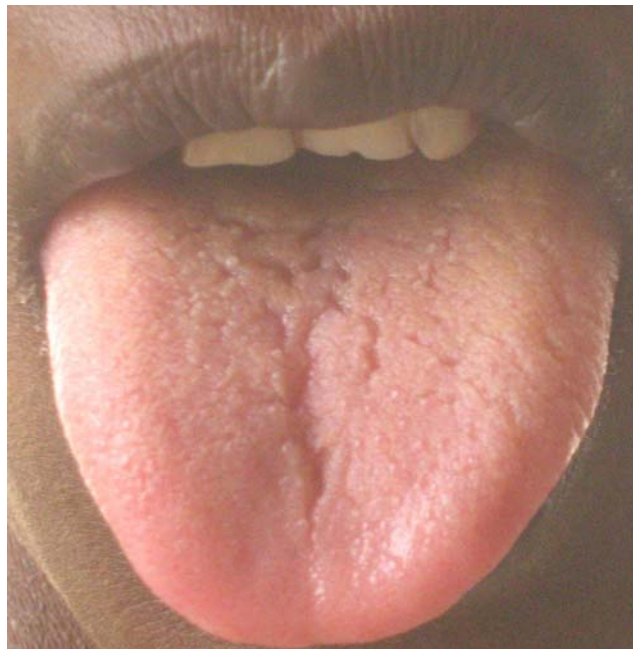
ENVAGAI THERVU

OP NO : AF 9730
AGE/SEX : 37/F



COATED TONGUE

OP NO : AJ 7003
AGE/SEX : 30/F



COATED AND FISSURED TONGUE

OP NO : AJ 2881
AGE/SEX :42/F



VIZHI - PALLOR

IP NO : 1081
AGE/SEX : 40/M

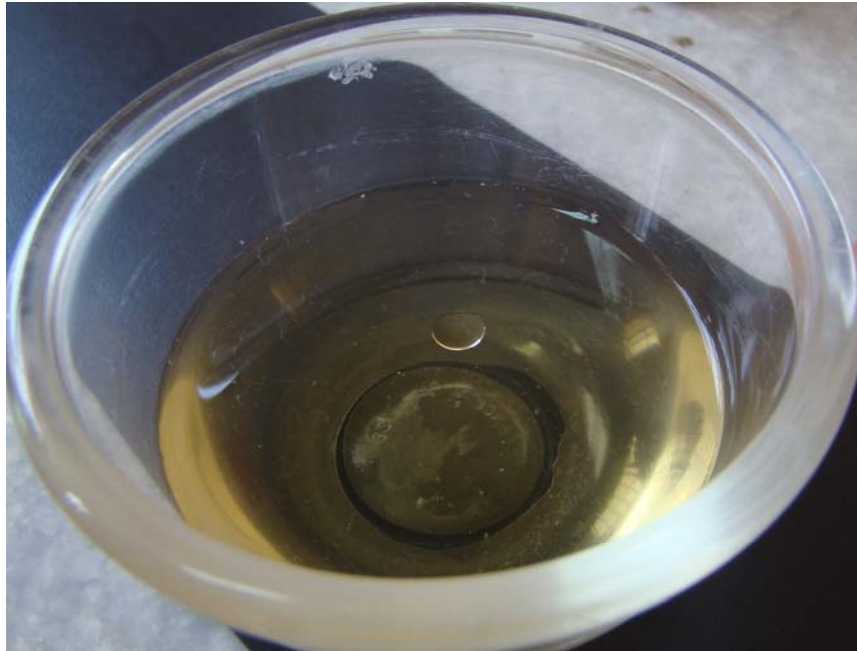
NEER KURI



Yellow +, clear, Foam nil

NEI KURI

IP NO : 1246
AGE/SEX : 68/M



MUTHU

IP NO : 1327
AGE/SEX : 44/M



SLOWLY SPREA

OP NO : AB 7547

AGE / SEX: 54/ M



7 ° clock position

IP NO : 1081

AGE / SEX : 40/M



3 ° clock position

DIFFERENTIAL DIAGNOSIS



PAVUTHIRAM (ANAL FISTULA)



SENDU MOOLAM (EXTERNAL HAEMORRHOIDS)

BARIUM ENEMA CA RECTUM



DISCUSSION

DISCUSSION

Varal Moolam, a clinical entity which is described in Yugi Vaithiya Chinthamani, is taken for the detailed study.

In National Institute of Siddha Out Patient Department, the author have seen 100 patients of Moola noigal like Raktha Moolam, Pura Moolam, Pavuthiram, Aasana Vedippu and Aasana katti, and Vireki adithallal. In which most of them having the symptoms like bleeding per rectum without prolapse of the pile mass. These symptoms are more likely to be seen in Varal Moolam as per Yugi Vaithiya Chinthamani. So, the researcher has taken 'Varal Moolam' for the study.

According to Yugi Vaithiya Chinthamani, 'Varal Moolam' is classified under the moola diseases.

Varal Moolam has the symptoms of Constipation, Rectal bleeding (Dropping in nature), Dryness of the skin, Faecal matter hot in nature, Increased body heat, Anger, Internal pile masses, General weakness and Inability to do normal work.

Besides most of the parameters being used in Siddha aspects.

The study consists of 40 patients between the age group of 30-70 years. Among the 40 cases, 30 cases were seen in O.P.D and 10 cases were admitted in I.P.D of AyothiDoss Pandithar Hospital of National Institute of Siddha, Tambaram Sanatorium, Chennai – 47.

Among 40 cases, 80% of cases come under pitha kaalam i.e., 34-66 yrs. 15% of cases come under kaba kaalam i.e., 1-33 yrs. Among the 40 cases, 62.5 % cases were male, 37.5% of cases were female.

Most of the 95% of cases were mixed diet and 5% of cases were vegetarians.

Among the 40 cases, 80% of cases have maa padithal in their tongue and 7.5% of cases have vedippu in their tongue. The tongue niram of the 47.5% of cases were veluppu i.e., palloriness of the tongue. 7.5% of cases have kaippu taste; and only about 2.5% of cases have pulippu taste in their tongue.

The Neerkuri of the 95% cases were yellow colour of the urine i.e mild yellow + or dark yellow ++ or reddish yellow +++, 7.5% cases have frothy of urine i.e., foam + and all the 100% of cases have normal edai, enjal (alavu) of urine output.

The Neikuri of the 77.5% of cases were mellena paraval and 10% cases have muthu.

The naadi nadai of the 87.5% of cases have vali azhal and 12.5% of cases have Azhalvali.

Among the uyir thathukkal the deranged vathams were Praanan, Abaanan, Samanan, Viyanan, Kiruharan and Devathathan.

The deranged pithams were Analagam, Ranjagam, Prasagam and Saathagam.

The deranged kabams were avalambagam, kilethagam and santhigam.

The deranged udal thathukkal were Saaram, Senneer, Oon, Kozhuppu followed by enbu.

The rasi of the 12.5% of the cases were Mesham and Mithunam. 10% of cases were Simmam and Virchigam. These rasi patients more prone to Varal Moolam.

The Natchathiram of the 7.5% of cases were Barani, Thiruvathirai, Revathi and Kettai 0.5% of cases were Rohini, Swathi, Makam, Punarpoosam, Visagam and Ayilyam.

The degrees of moola mulai of 22.5% of cases were 3, 7'O clock position.

The manikkadai nool of the 30% of cases were 8 ¾ viral kadai alavu.

Most of the Varal Moolam was affected in Muduvenir kaalam and Mullai nilam.

The Haemoglobin estimation of the 35% of cases were ranging from 11.1 – 12.0 gms%, 10% of cases were 9.1 – 10gms%.

The Varal Moolam closely correlated with first degree internal haemorrhoids in modern aspect.

Differential Diagnosis

Raktha moolam

In Raktha moolam the bleeding is like a splash but not like a drops of blood while defaecation. Both diseases have constipation, emaciation, anxiety, anger and malaise.

Mulai moolam

Mulai moolam has protrusion of pile mass in the anus resembling germinating turmeric. In mulai moolam, the lower abdomen has a hard consistency which is not present in varal moolam.

Aazhi moolam

Here there is an external solitary pile mass which looks like discorial tuber. Besides this, there is discharge of blood mucous and pus, these are not present in varal moolam.

Thamaraga moolam

Although it has bleeding per rectum, there is external pile mass, diarrhoea which is not present in varal moolam.

Churukku moolam

There is an abscess like mass in the anus which is not present in varal moolam. Besides this, there is discharge of blood and mucous.

Azhal moolam

Here no splash of blood is present. But only discharge of blood and pus. There are tiny pile masses like seeds or rice in anus. These are not present in varal moolam.

Aasanavai seezh katti

Though the patients have pain in the anal region, they do not have the following symptoms such as swelling near the anal region, pus discharge from the abscess, fever, difficult to sit. So, the author concludes that is not an Aasanavai seezh katti

Pavuthiram

Though the patients have pain in the anal region, they do not have the symptoms such as history of intermittent swelling with pain, discomfort and discharge and sinus in the perianal region. So, the author concludes that this is not a pavuthiram.

Prevention

Prevention and cure are the basic aim of all systems of medicine where as Siddhs system has in addition the transcended motivation of what might be called the immorality of the body. The basic emphasis of Siddha system is on positive health viz, to prevent diseases by careful dieting and proper relaxation of the mind to achieve a totality of health that assures not only longevity but also immortality.

Suggested Line of treatment

Line of treatment for varal moolam consists of,

- ❖ Purgation and Emetic should be given as the first line of treatment.
- ❖ Administration of internal medicine to stop bleeding, to reduce inflammation and to relive constipation.
- ❖ Paththiyam, i.e. diet restrictions to normalize the vitiated vatha pitha thontham and to maintain a longer drug action.
- ❖ Yoga therapy to normalize bowel habits and to normalize the vitiated vatha pitha thontham.
- ❖ Pranayama therapy to normalize Mukkutram

SUMMARY

AND

CONCLUSION

SUMMARY AND CONCLUSION

“நோய்நாடி நோய்முதல் நாடி அதுதணிக்கும்

வாய்நாடி வாய்ப்பச் செயல்”

- திருக்குறள்

Every disease must be found out from the root cause itself. It is the main duty of the physician to bring out the causes of the disease and then the manifestations. Then only, the treatment will attain fulfillment, when the primary cause is clarified.

At first, the author prepared the protocol for this study work. Then the study was conducted in 40 selected cases of both male and female in the OPD/IPD of Ayothidoss Pandithar Hospital of the National institute of siddha, Chennai-47, with the clinical symptoms of constipation, rectal bleeding, dryness of the skin, faecal matter hot in nature, increased body heat, anger internal pile masses, general weakness and inability to do work.

By the outcome of this study work “Varal moolam” is a disease caused by predominantly initiated Vadha & Pitha humor. From this it is clear; to prevent the ‘Varal moolam’ one should avoid the causes mentioned in the literature of “Yugi muni”.

It was apparent from the study that Varal moolam occurs mostly in males those who are exposed to excessive heat due to increased activities and non vegetarian diet style. Hence it is good to avoid such a life style to be free from this disease.

Mullai nilam is more prone to produce Varal moolam so people who are living in mullai nilam should keep the preventing aspects in mind

The pitha kaalam i.e. age group between 34-66 yrs are mostly affected in mudhuvenil and ilavenirkaalam are more prone to produce this disease, So people should be alert to prevent the disease during this period

Mesham and midhunam rasi persons were more prone to be affected by this disease. So this rasi person should take care for their well being.

Neikuri study reveals that 77.5% of cases have slow spreading characteristics in their neikuri which indicate that the disease will be curable.

The people who suffer from moola diseases use the herbs which are grown in their living areas which have got plenty of medicinal values. By using these herbs the intensity of the disease is getting reduced.

From this study the author concludes the varal moolam can be diagnosed by Envagai thervu, Nilam, Kaalam, Sothidam, Manikkadai Nool and clinical symptoms.

ANNEXURE

ANNEXURE

NATIONAL INSTITUTE OF SIDDHA CHENNAI - 47 NOI NAADAL DEPARTMENT

A STUDY TO ACCESS THE DIAGNOSTIC ABILITY OF SIDDHA SYSTEM FOR VARAL MOOLAM

FORM-I SELECTION PROFORMA

1. O.P.No : _____ 2. I.P No _____ 3. Bed No: _____ 4. S.No: _____

5. Name: _____ 6. Age (years):

--	--

 7. Sex

--	--

8. Occupation: _____ 9. Income: _____ \ month

10. Local Address

11. Permanent Address

12. Complaints and duration:

13. History of present illness:

14. Past history:

15. Family history:

16. Menstrual & Obstetric history: (In C/O female)

Habits

	Yes (1)	No (2)	
17. Betalnut chewer:	<input type="checkbox"/>	<input type="checkbox"/>	<hr/> / Day
18. Tea:	<input type="checkbox"/>	<input type="checkbox"/>	<hr/> / Day
19. Coffee:	<input type="checkbox"/>	<input type="checkbox"/>	<hr/> / Day
20. Milk:	<input type="checkbox"/>	<input type="checkbox"/>	<hr/> / Day
21. Food habit	V <input type="checkbox"/>	NV <input type="checkbox"/>	M <input type="checkbox"/>

GENERAL ETIOLOGY FOR VARAL MOOLAM

	1. Yes	2. No
22. Persistent inflammation	<input type="checkbox"/>	<input type="checkbox"/>
23. Excessive heat due to increased activities.	<input type="checkbox"/>	<input type="checkbox"/>
24. Increased sexual desire	<input type="checkbox"/>	<input type="checkbox"/>
25. Anger and frustration	<input type="checkbox"/>	<input type="checkbox"/>
26. Anxiety	<input type="checkbox"/>	<input type="checkbox"/>
27. Heavy intake of salt content food	<input type="checkbox"/>	<input type="checkbox"/>
28. Heavy intake of pungent food	<input type="checkbox"/>	<input type="checkbox"/>
29. Scolding the elder people	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL EXAMINATION

30. Weight (kg)	<input type="text"/> /Kg
31 Temperature (⁰ F)	<input type="text"/> / ⁰ F
32. Pulse rate / minute	<input type="text"/> / Min
33. Heart rate / minute	<input type="text"/> / Min
34. Respiratory rate / minute	<input type="text"/> / Min

35. Blood pressure (mmHg)

mmHg

	1. Yes	2. No	
36. Pallor:	<input type="checkbox"/>	<input type="checkbox"/>	_____
37. Jaundice:	<input type="checkbox"/>	<input type="checkbox"/>	_____
38. Cyanosis:	<input type="checkbox"/>	<input type="checkbox"/>	_____
39. Lymphadenopathy:	<input type="checkbox"/>	<input type="checkbox"/>	_____
40. Pedal edema:	<input type="checkbox"/>	<input type="checkbox"/>	_____
41. Clubbing:	<input type="checkbox"/>	<input type="checkbox"/>	_____
42. Jugular vein pulsation:	<input type="checkbox"/>	<input type="checkbox"/>	_____

EXAMINATION OF FUNCTION OF VITAL ORGANS

	1. Normal	2. Affected	
43. Heart	<input type="checkbox"/>	<input type="checkbox"/>	_____
44. Lungs	<input type="checkbox"/>	<input type="checkbox"/>	_____
45. Brain	<input type="checkbox"/>	<input type="checkbox"/>	_____
46. Liver	<input type="checkbox"/>	<input type="checkbox"/>	_____
47. Kidney	<input type="checkbox"/>	<input type="checkbox"/>	_____
48. Spleen	<input type="checkbox"/>	<input type="checkbox"/>	_____
49. Stomach	<input type="checkbox"/>	<input type="checkbox"/>	_____

SIDDHA SYSTEM OF EXAMINATION

ENVAGAI THERVUKAL

NAADI(KAI KURI)

I.Naadi Nithanam

50. Kalam

- | | | | |
|------------------|--------------------------|--------------------|--------------------------|
| 1.Kaarkaalam | <input type="checkbox"/> | 2.Koothirkaalam | <input type="checkbox"/> |
| 3.Munpanikaalam | <input type="checkbox"/> | 4.Pinpanikaalam | <input type="checkbox"/> |
| 5.Ilavanirkaalam | <input type="checkbox"/> | 6.Muthuvenirkaalam | <input type="checkbox"/> |

- | | | | | | | |
|---------------------|-----------------|--------------------------|----------------|--------------------------|----------------|--------------------------|
| 51. Desam | 1. Kulir | <input type="checkbox"/> | 2. veppam | <input type="checkbox"/> | | |
| 52. Vayathu | 1. 1-33yrs | <input type="checkbox"/> | 2. 34-66yrs | <input type="checkbox"/> | 3. 67-100 | <input type="checkbox"/> |
| 53. Udal Vannmai | 1. Iyyalbu | <input type="checkbox"/> | 3. Valivu | <input type="checkbox"/> | 4.Melivu | <input type="checkbox"/> |
| 54. Vannmai (Naadi) | 1. . Vannmai | <input type="checkbox"/> | 2.Mennmai | <input type="checkbox"/> | | |
| 55. Panbhu | 1.Thannadai | <input type="checkbox"/> | 2. Puranadai | <input type="checkbox"/> | 3.Illaitthal | <input type="checkbox"/> |
| | 4.Kathitthal | <input type="checkbox"/> | 5.Kuthitthal | <input type="checkbox"/> | 6.Thullal | <input type="checkbox"/> |
| | 7.Azhutthal | <input type="checkbox"/> | 8. Paduthattal | <input type="checkbox"/> | 9. Kalathattal | <input type="checkbox"/> |
| | 10. Munnokku | <input type="checkbox"/> | 11. Pinnokku | <input type="checkbox"/> | 12. Suzhalal | <input type="checkbox"/> |
| | 13. Pakkamnokku | <input type="checkbox"/> | | | | |

II. Naadi nadai

- | | | | | | |
|---------------|--------------------------|----------------|--------------------------|---------------|--------------------------|
| 1. Vali | <input type="checkbox"/> | 2. Azhal | <input type="checkbox"/> | 3. Iyyam | <input type="checkbox"/> |
| 4. Vali azhal | <input type="checkbox"/> | 5. Azhal vali | <input type="checkbox"/> | 6. Iyyavali | <input type="checkbox"/> |
| 7. Vali iyyam | <input type="checkbox"/> | 8. Azhal iyyam | <input type="checkbox"/> | 9. Iyya azhal | <input type="checkbox"/> |

NAA

- | | | | | | | |
|-----------------------|------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 56. Maa padintiruthal | | 1. Present | <input type="checkbox"/> | 2. Absent | <input type="checkbox"/> | |
| 57. Niram | 1.Karuppu | <input type="checkbox"/> | 2. Manjal | <input type="checkbox"/> | 3. Velluppu | <input type="checkbox"/> |
| 58. Suvai | 1. Pulippu | <input type="checkbox"/> | 2. Kaippu | <input type="checkbox"/> | 3. Inippu | <input type="checkbox"/> |

59. Vedippu 1. Present ☐ 2. Absent ☐
60. Vai neer oorai 1. Normal ☐ 2. Increased ☐ 3. Reduced ☐

NIRAM

1. Karuppu ☐ 2. Manjal ☐ 3. Veluppu ☐

MOZHI

1. Sama oli ☐ 2. Urattha oli ☐ 3. Thazhanthaoli ☐

VIZHI

61. Niram (Venvizhi)
1. Karuppu ☐ 2. Manjal ☐
3. Sivappu ☐ 4. Veluppu ☐
62. Kanneer 1. Present ☐ 2. Absent ☐
63. Erichchal 1. Present ☐ 2. Absent ☐
64. Peelai seruthal 1. Present ☐ 2. Absent ☐

MEI KURI - SPARISM

65. Veppam 1. Mitham ☐ 2. Migu ☐ 3. Thatpam ☐
66. Viyarvai 1. Increased ☐ 2. Normal ☐ 3. Reduced ☐
67. Thodu vali 1. Present ☐ 2. Absent ☐
68. Aasana vai kasivu 1. Present ☐ 2. Absent ☐
69. Moola mulai 1. Present ☐ 2. Absent ☐

MALAM

70. .Niram
1. Karuppu ☐ 2. Manjal ☐
3. Sivappu ☐ 4. Veluppu ☐
71. Sikkal 1. Present ☐ 2. Absent ☐
72. Sirutthal 1. Present ☐ 2. Absent ☐

73. Kalichchal	1. Present	<input type="checkbox"/>	2. Absent	<input type="checkbox"/>
74. Seetham	1. Present	<input type="checkbox"/>	2. Absent	<input type="checkbox"/>
75. Vemmai	1. Present	<input type="checkbox"/>	2. Absent	<input type="checkbox"/>

NEER KURI

76. Niram	1. Venmai	<input type="checkbox"/>	2. Manjal	<input type="checkbox"/>	3. Crystal clear	<input type="checkbox"/>
77. Manam	1. Present	<input type="checkbox"/>	2. Absent	<input type="checkbox"/>		
78. Nurai	1. Nil	<input type="checkbox"/>	2. Reduced	<input type="checkbox"/>	3. Increased	<input type="checkbox"/>
79. Edai (Ganam)	1. Normal	<input type="checkbox"/>	2. Increased	<input type="checkbox"/>	3. Reduced	<input type="checkbox"/>
80. Enjal (Alavu)	1. Normal	<input type="checkbox"/>	2. Increased	<input type="checkbox"/>	3. Reduced	<input type="checkbox"/>

81. NEI KURI

1. Aravam	<input type="checkbox"/>	2. Mothiram	<input type="checkbox"/>
3. Muthu	<input type="checkbox"/>	4. Aravil mothiram	<input type="checkbox"/>
5. Aravilmuthu	<input type="checkbox"/>	6. Mothirathil muthu	<input type="checkbox"/>
7. Mothirathilaravam	<input type="checkbox"/>	8. Muthilaravam	<input type="checkbox"/>
9. Muthilmothiram	<input type="checkbox"/>	10. Asathiyam	<input type="checkbox"/>
11. Mellena paraval	<input type="checkbox"/>		

82. MANIKADAI NOOL (Viral kadai alavu)

IYMPULANGAL

	1. Normal	2. Affected	
83. Mei	<input type="checkbox"/>	<input type="checkbox"/>	_____
84. Vaai	<input type="checkbox"/>	<input type="checkbox"/>	_____
85. Kan	<input type="checkbox"/>	<input type="checkbox"/>	_____
86. Mookku	<input type="checkbox"/>	<input type="checkbox"/>	_____
87. Sevi	<input type="checkbox"/>	<input type="checkbox"/>	_____

KANMAVIDAYAM

88. Kai	<input type="checkbox"/>	<input type="checkbox"/>	_____
89. Kaal	<input type="checkbox"/>	<input type="checkbox"/>	_____
90. Vaai	<input type="checkbox"/>	<input type="checkbox"/>	_____
91. Eruvai	<input type="checkbox"/>	<input type="checkbox"/>	_____
92. Karuvaai	<input type="checkbox"/>	<input type="checkbox"/>	_____

YAKKAI

93. Vali	<input type="checkbox"/>	94. Azhal	<input type="checkbox"/>	95. Iyam	<input type="checkbox"/>
96. Valiazhal	<input type="checkbox"/>	97. Valiaiyam	<input type="checkbox"/>	98. Azhalvali	<input type="checkbox"/>
99. Azhaliyam	<input type="checkbox"/>	100. Iyavali	<input type="checkbox"/>	101. Iyaazhal	<input type="checkbox"/>

GUNAM

102. Sathuva Gunam	<input type="checkbox"/>	103. Rajo Gunam	<input type="checkbox"/>
104. Thamo Gunam	<input type="checkbox"/>		

UYIR THATHUKKAL

VALI	1. Normal	2. Affected	
105. Praanan	<input type="checkbox"/>	<input type="checkbox"/>	_____
106. Abaanan	<input type="checkbox"/>	<input type="checkbox"/>	_____
107. Samaanan	<input type="checkbox"/>	<input type="checkbox"/>	_____
108. Udhaanan	<input type="checkbox"/>	<input type="checkbox"/>	_____
109. Viyaanan	<input type="checkbox"/>	<input type="checkbox"/>	_____
110. Naagan	<input type="checkbox"/>	<input type="checkbox"/>	_____
111. Koorman	<input type="checkbox"/>	<input type="checkbox"/>	_____
112. Kirukaran	<input type="checkbox"/>	<input type="checkbox"/>	_____

113. Devathathan	<input type="checkbox"/>	<input type="checkbox"/>	_____
114. Tananjeyan	<input type="checkbox"/>	<input type="checkbox"/>	_____

AZHAL

	1. Normal	2. Affected	
115. Anala pittham	<input type="checkbox"/>	<input type="checkbox"/>	_____
116. Prasaka pittham	<input type="checkbox"/>	<input type="checkbox"/>	_____
117. Ranjaka pittham	<input type="checkbox"/>	<input type="checkbox"/>	_____
118. Aalosaka pittham	<input type="checkbox"/>	<input type="checkbox"/>	_____
119. Saathaka pittham	<input type="checkbox"/>	<input type="checkbox"/>	_____

IYAM

	1. Normal	2. Affected	
120. Avalambagam	<input type="checkbox"/>	<input type="checkbox"/>	_____
121. Kilethagam	<input type="checkbox"/>	<input type="checkbox"/>	_____
122. Pothagam	<input type="checkbox"/>	<input type="checkbox"/>	_____
123. Tharpagam	<input type="checkbox"/>	<input type="checkbox"/>	_____
124. Santhigam	<input type="checkbox"/>	<input type="checkbox"/>	_____

UDAL THATHUKKAL

	1. Normal	2. Affected	
125. Saaram	<input type="checkbox"/>	<input type="checkbox"/>	_____
126. Chenneer	<input type="checkbox"/>	<input type="checkbox"/>	_____
127. Oon	<input type="checkbox"/>	<input type="checkbox"/>	_____
128. Kozhuppu	<input type="checkbox"/>	<input type="checkbox"/>	_____
129. Enbu	<input type="checkbox"/>	<input type="checkbox"/>	_____
130. Moolai	<input type="checkbox"/>	<input type="checkbox"/>	_____
131. Sukkilam / Suronitham	<input type="checkbox"/>	<input type="checkbox"/>	_____

MUKKUTRA MIGU GUNAM

I. Vali migu gunam

1. Present

2. Absent

132. Emaciation

☐☐

133. Body colour – black

☐☐

134. Desire to take hot food

☐☐

135. Shivering of body

☐☐

136. Abdominal distension

☐☐

137. Constipation

☐☐

138. Insomnia

☐☐

139. Weakness

☐☐

140. Weakness of sense organs

☐☐

141. Giddiness

☐☐

142. Ookkaminmai

☐☐

II. Pitham migu gunam

1. Present

2. Absent

143. Yellow colouration of skin

☐☐

144. Yellow colouration of the eye

☐☐

145. Yellow colouration of urine

☐☐

146. Yellow colouration of faeces

☐☐

147. Increased appetite

☐☐

148. Increased thirst

☐☐

149. Burning sensation in the body

☐☐

150. Slumber

☐☐

III. Kapham migu gunam**1. Present****2. Absent**

151. Increased salivary secretion

☐☐

152. Reduced activeness

☐☐

153. Heaviness of the body

☐☐

154. Body colour – White

☐☐

155. Chillness of the body

☐☐

156. Reduced appetite

☐☐

157. Eraippu

☐☐

158. Increased sleep

☐☐**159.NOI UTRA KAALAM**

1.Kaarkaalam

☐

2.Koothirkaalam

☐

3.Munpanikaalam

☐

4.Pinpanikaalam

☐

5.Ilavanirkaalam

☐

6.Muthuvenirkaalam

☐**160. NOI UTRA NILAM**

1. Kurunji

☐

2. Mullai

☐

3. Marutham

☐

4. Neithal

☐

5. Palai

☐

161. Date of Birth

		-			-				
--	--	---	--	--	---	--	--	--	--

162. Time of Birth

A.M / P.M

163. Place of Birth

INVESTIGATION

BLOOD

164. TC (cells /cumm):

165. DC (%): 1. P

2. L

3. E

4. B

5. M

166. Hb (gms %):

 .

167. ESR (mm/hr): 1. 1/2hr

2. 1hr

168. Blood Sugar (R) (mgs / dl)

169. Blood Urea (mgs / dl)

170. Serum Creatinine (mgs / dl)

 .

171. Serum Cholesterol (mgs / dl):

172. VDRL :

173. Bleeding Time :

174. Clotting Time :

URINE

175. Albumin:

0. Nil

1. Trace

2. +

3. ++

4. +++

176. Sugar:

0. Nil

1. Trace

2. +

3. ++

4. +++

Deposits

1. Yes

2. No

177. Pus cells

☐☐

178. Epithelial cells

☐☐

179. RBC

☐☐

180. Crystals

☐☐

MOTION

1. Yes

2.No

181. Ova

☐☐

182. Cyst

183. Occult blood

☐☐

184. PROCTOSCOPY

185. COLONSCOPY

186.Raasi

1.Mesam

☐

2. Rishabam

☐

3.Midhunam

☐

4. Katakam

☐

5. Simmam

☐

6.Kanni

☐

7.Thulam

☐

8.Viruchiham

☐

9.Dhanusu

☐

10. Maharam

☐

11.Kumbam

☐

12. Meenam

☐

13. Not Known

☐

187. Natchathiram

1. Aswini	<input type="checkbox"/>	2.Barani	<input type="checkbox"/>	3.Karthikai	<input type="checkbox"/>
4.Rohini	<input type="checkbox"/>	5.Mirugaseeradam	<input type="checkbox"/>	6. Thiruvathirai	<input type="checkbox"/>
7. Punarpoosam	<input type="checkbox"/>	8. Poosam	<input type="checkbox"/>	9. Ayilyam	<input type="checkbox"/>
10. Makam	<input type="checkbox"/>	11.Pooram	<input type="checkbox"/>	12. Utthiram	<input type="checkbox"/>
13. Astham	<input type="checkbox"/>	14.Chithirai	<input type="checkbox"/>	15. Swathi	<input type="checkbox"/>
16. Visakam	<input type="checkbox"/>	17. Anusam	<input type="checkbox"/>	18.Kettai	<input type="checkbox"/>
19 Moolam	<input type="checkbox"/>	20. Pooradam	<input type="checkbox"/>	21. Uthiradam	<input type="checkbox"/>
22.Thiruvonam	<input type="checkbox"/>	23.Avittam	<input type="checkbox"/>	24. Sadayam	<input type="checkbox"/>
25.Poorattathi	<input type="checkbox"/>	26.Uthirattathi	<input type="checkbox"/>	27.Revathi	<input type="checkbox"/>
28. .Not Known	<input type="checkbox"/>				

CLINICAL SYMPTOMS OF VARAL MOOLAM

188. Constipation	<input type="checkbox"/>	<input type="checkbox"/>
189. Rectal bleeding (Dropping in nature)	<input type="checkbox"/>	<input type="checkbox"/>
190. Dryness of the skin	<input type="checkbox"/>	<input type="checkbox"/>
191. Faecal matter hot in nature	<input type="checkbox"/>	<input type="checkbox"/>
192. Increased body heat	<input type="checkbox"/>	<input type="checkbox"/>
193. Anger	<input type="checkbox"/>	<input type="checkbox"/>
194. Internal pile masses	<input type="checkbox"/>	<input type="checkbox"/>
195. General weakness	<input type="checkbox"/>	<input type="checkbox"/>
196. Inability to do normal work	<input type="checkbox"/>	<input type="checkbox"/>

BIBLIOGRAPHY

BIBLIOGRAPHY

1. Agasthiyar 2000
2. Agasthiyar Gunavagadam
3. Agasthiyar Paripooranam-400
4. Agasthiyar vaidya kaviyam – 1500
5. Agasthiyar rathina churukkam – 500
6. Agasthiyar kanmakandam
7. Angaathipaatham.
8. Anubhava vaithiya Deva ragasiyam
9. Aruvai Maruthuvam
10. Aaviyalikkum Amutha murai churukam
11. Agasthiyar Guru Naadi
12. Bogar Vaidhiyam – 700
13. Cegasakesaram.
14. Guna vagada Nooin saaram
15. Jeevarakshamirtham
16. Noi illa Neri
17. Noi Naadal – Part 1
18. Pathinen Siddhargal Nadi Shasthiram
19. Porutthogai Nigandu
20. Rathina churukkam – 500
21. Sikitcha Rathna Deepam
22. Siddha maruthuvanga churukkam
23. Siddha Maruthuvam
24. Sattai Muni Gnanam
25. Thotra kirama Araichiyum Siddha Maruthuva Varalarum.
26. Tamil vaithya saathagam
27. Thanvanthri Vaithiyam – part 1
28. Thirumoolar karukkadai Vaithiyam
29. Theraiyar Vagadam
30. Theraiyar Sekarappa
31. Udal thathuvam

32. Vaidhya Saara Sangiragam
33. Yugi Vaidhiya Chinthamani
34. 4448 viyathigal
35. Medical astrology for all based on Krishnamoorthy Padhdhati
36. Subramaniyar Varma Avathai Nithanam
37. Gray's anatomy
38. Bailey & love Surgery
39. Pathological basis of Disease –Robinson